

F 96000004252

Requestor's Name
4360 CHAMBLEE DUNWOODY 7415
Address
CHAMBLEE GA 30341
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. AMERICAN MANAGEMENT GROUP, INC.
(Corporation Name) (Document #)
2. _____ W96-16246
(Corporation Name) (Document #)
3. _____ 400001912114
(Corporation Name) (Document #) -03,405,298--01,002--015
*****78.75 *****78.75
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 20 PM 1:15

h/c
8/20



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 5, 1996

KATHY MARTIN
AMERICAN MANAGEMENT GROUP, INC.
4360 CHAMBLEE DUNWOODY #415
CHAMBLEE, GA 30341

SUBJECT: AMERICAN MANAGEMENT GROUP, INC.
Ref. Number: W96000016246

We have received your document for AMERICAN MANAGEMENT GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (407) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 196A00037195

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned GARY L. MARTIN, do hereby certify
(Name)

that this Resolution of the Board of Directors of AMERICAN MANAGEMENT
GROUP, INC.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of GEORGIA


was duly adopted on 8/13, 1996

Be it resolved, that AMERICAN MANAGEMENT GROUP, INC.
(Corporate Name)

organized and existing in the State of GEORGIA, hereby adopts the name

* AMERICAN RECOVERY CENTERS, INC. for use in Florida.

Dated: 8/13/96


Signature of either Chairman, Vice Chairman or any officer

GARY L. MARTIN
Type or print name

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. American Management Group, Inc
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Illiana Ca 3. 581-68-01161
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/19/86 5. "Perpetual"
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/8/96
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 2300 Gulf Blvd., #3
Indian Rocks Beach, FL 33785
(Current mailing address)

8. Business Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

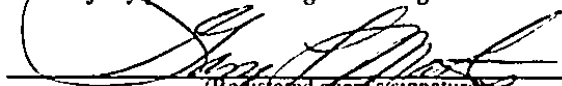
Name: Gary L Martin

Office Address: 3300 Gulf Blvd, #3

Indian Rocks Beach, Florida, 33785
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. **DIRECTORS** (Street address only- P. O. Box **NOT** acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. **OFFICERS** (Street address only- P. O. Box **NOT** acceptable)

President: Gary L. Martin

Address: 456 Harbor Dr. S.
Indian Rocks Beach, FL 33785

Vice President: _____

Address: _____

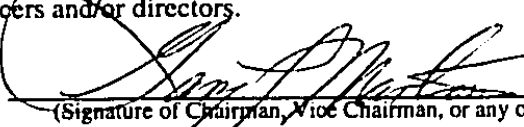
Secretary: Gary L. Martin

Address: 456 Harbor Dr. S.
Indian Rocks Beach, FL 33785

Treasurer: Gary L. Martin

Address: 456 Harbor Dr. S.
Indian Rocks Beach, FL 33785

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gary L. Martin President Secretary & CFO
(Typed or printed name and capacity of person signing application)

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Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 962010535
CONTROL NUMBER : 8608513
DATE INC/AUTH/FILED: 05/29/1986
JURISDICTION : GEORGIA
PRINT DATE : 07/19/1996
FORM NUMBER : 211

AMERICAN MANAGEMENT GROUP, INC.
GARY MARTIN
4360 CHAMBLEE-DNWDY RD #415
ATLANTA GA 30341

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DIVISION OF CORPORATIONS
56 AUG 20 PM 1:25

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under seal of my office that

AMERICAN MANAGEMENT GROUP, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

