

NO000005878

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
00 AUG 28 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL 32314

SUBJECT: Academy of Recovery Inc. NON-Profit
(Proposed corporate name - must include suffix)

400003374764--9
-08/28/00--01094--011
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: AKHABIE Abdulh Hwali
Name (Printed or typed)

825 E. University Ave. Apt. #10
Address

Melbourne FL 32901
City, State & Zip

674-0937 (321) area code
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

9-6
AKHABIE
Hwali

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Academy of Recovery Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

825 E. University Blvd. Apt. #10
Melbourne Fla. 32901

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

See Attached

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

As Stated In The By-Laws

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

AKHABIR Abdulhadiwali
151 Hollywood Blvd.
West Melbourne Fla 32904

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

AKHABIR Abdulhadiwali
151 Hollywood Blvd
West Melbourne Fla 32904

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

ACADEMY OF RECOVERY *Inc. Non-Profit*

MISSION STATEMENT OF THE ORGANIZATION

The Academy of Recovery, a non profit community based organization a charitable benvolent cause but not limited to helping addicts and HIV/AIDS persons.

The Academy of Recovery is committed to providing Residential Care, Treatment, Housing and services on a continuum, to indigent, homeless and thier families and supporters, in order to maximize their chances for a productive, healthy and fulfilling life in recovery.