

TRANSMITTAL LETTER

N00000006373

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

SUBJECT:

Comprehensive Case Services Incorporated
(Proposed corporate name - must include suffix)

800003404358--0

-09/26/00--01052--004

*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 26 AM 9:31

APPROVED
AND
FILED

FROM:

Keith A. Buckner

Name (Printed or typed)

6355 Peachtree Drive

Address

Orlando, FL 32818

City, State & Zip

407-595-1208

Daytime Telephone number

RECEIVED
00 SEP 26 AM 9:21
DIVISION OF CORPORATION

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

9/26

State of Florida

Articles of Incorporation

Pursuant to Chapter 617, Florida Statutes (F.S.), the undersigned individual submits these Articles of Incorporation for the purpose of forming a domestic not for profit corporation.

Article I

The name of the non-profit corporation is

COMPREHENSIVE CARE SERVICES, INCORPORATED

Article II

The principle place of business and mailing address of this corporation shall be

**6355 PREAKNESS DRIVE
ORLANDO, FLORIDA 32818**

Article III

The specific purpose(s) for which the not for profit corporation is organized is to aid in the empowerment of socioeconomic disadvantaged clients through 1) Mental Health/Substance Abuse Services 2) HIV/AIDS Services 3) Transitional Housing 4) Educational Intervention 5) Employability Skill Enhancement and other related services to aid clients in becoming self-sufficient.

Article IV

The manner in which Directors are appointed shall be by the Trustees.
The appointments shall be by mutual consent.

Article V

The name and street address of the Directors/Officers (Optional).

Company Directors have not been appointed/confirmed.

Article VI

The name and street address of the Initial Registered Agent is

**KEITH A. BUCKNER
6355 PREAKNESS DRIVE
ORLANDO, FLORIDA 32818**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 25 AM 9:31

APPROVED
AND
FILED

State of Florida Articles of Incorporation

Article VII

The name and address of the Incorporator to these Articles of Incorporation is

**KEITH A. BUCKNER
6355 PREAKNESS DRIVE
ORLANDO, FLORIDA 32818**

In witness whereof, the undersigned organizer has executed these Articles of Organization on the date below. The undersigned hereby affirms that the statements made in the forgoing Articles of Organization are true.

Name of Incorporator: **KEITH A. BUCKNER**

Signature of Incorporator: _____

KEITH A. BUCKNER

Date: _____

9/26/00

Having been named a 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 of Registered Agent: _____

KEITH A. BUCKNER

Date: _____

9/26/00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 26 AM 9:31

APPROVED
AND
FILED