

# No1000007415

## TRANSMITTAL LETTER

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

300004640663--0  
-10/18/01--01009--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: TLB Quality Management, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

RECEIVED

01 OCT 18 AM 8:58

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FROM:

Timothy L. Beard  
Name (Printed or typed)

9055 Alicia Ct.  
Address

Tallahassee, FL - 32305  
City, State & Zip

850-421-4965  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 AM 9:04

APPROVED  
AND  
FILED

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

g 10/18

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be: *T L B Quality Care Management, Inc*

## ARTICLE II PRINCIPAL OFFICE

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

*9055 Alicia Ct., Tallahassee, FL 32305*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*The corporation is established to provide human services programs to consumers need rehabilitation services.*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*The board of directors will be appointed on an annual basis.*

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

*Dr. Timothy Beard, President - 9055 Alicia Ct., Tallahassee, FL 32305  
Frank Thomas - Board member - Black Jack Rd - Tallahassee, FL 32305  
Wendy Beard - Vice-President - 9055 Alicia Ct., Tall, FL - 32305  
Wender Gavin - Board member - 2603 Pottsdamer St., Tall, FL - 32304  
Betty Johnson - Board member - West Brevard Street, Tall, FL 32307*

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

*Dr. Timothy Beard, CAC  
9055 Alicia Ct., Tallahassee, FL 32305*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Dr. Timothy Beard, CAC  
9055 Alicia Ct., Tallahassee, FL 32305*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Timothy D. Beard*  
\_\_\_\_\_  
Signature/Registered Agent

*10/16/01*  
\_\_\_\_\_  
Date

*Timothy D. Beard*  
\_\_\_\_\_  
Signature/Incorporator

*10/16/01*  
\_\_\_\_\_  
Date