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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

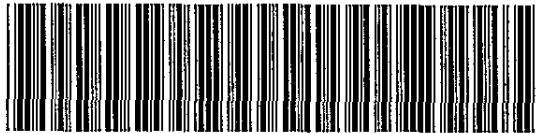
(Business Entity Name)

(Document Number)

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03 MAY - 1 AM 10:10  
SEVENTH DISTRICT, FLORIDA  
TALLAHASSEE, FLORIDA

1052-3

**TRANSMITTAL LETTER**

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

**SUBJECT:** TORREYA ADVOCACY INCORPORATED  
**(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**

**FROM:** Robert H. Alcorn ,jr  
Name (Printed or typed)

P.O. Box 397  
Address

Chattahoochee, Florida 32324  
City, State & Zip

850 -663-7261  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

TORREYA ADVOCACY INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

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

P.O. BOX 397  
CHATTAHOOCHEE, FLORIDA 32324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE ASSISTANCE AND GUIDANCE WITH TREATMENT ISSUES FOR  
MENTALLY ILL PERSONS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Two Directors are appointed by the Chair of the Board. These appointments are  
for a period not to exceed 12 months. They may be re-appointed by the Chair.

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

Robert H. Alcorn ,jr P. O. Box 397 , Chattahoochee, Fl 32324 (Chairman)  
Faye H. Alcorn P.O. Box 397, Chattahoochee, Fl 32324 (Director & Secretary)  
Lucille R. Shotts 625 Main St Chattahoochee, Fl 32324 (Director)

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Lucille R. Shotts  
625 Main St  
Chattahoochee, Fl 32324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert H. Alcorn ,jr P.O. Box 397 Chattahoochee, Florida 32324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

*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.*

Lucille R. Shotts

Signature/Registered Agent

4-29-03

Date

Robert H Alcorn Jr

Signature/Incorporator

23 April 2003

Date