## N0500000088

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## TRANSMITTAL LETTER

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

SUBJECT:	4	ORIDA	Cou	msely	· 9 E	Beh	latave	, INT.
	-	(PROP	OSED COL	RPORATE NAN	E-WA	TINCL	UDE SUFFIX)	

anciosed is an original a	ng one(1) coby of me ato	cies of incorporation and a	t 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 CO	ADDITIONAL COPY REQUIRED			

FROM: BRADLEY, A SINGleton
Name (Printed or typed)

509 8th St. W.

Address

CAttallelle F.

City, State & Zip

Baytime 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:  FOR IPA COMMING C BEHAVIORAL INC.  ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  ION INT. APAINCIPAL OFFICE  TO BE AND INC.  TO BE AN
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Councilly of Whileha and adults.
The manner in which the directors are elected or appointed:  Appointed by President stated in lightness.
ARTICLE V INITIAL DIRECTORS/OFFICERS  The name(s), address(es) and title(s):  BY AD Sin aletan. President /  5098th St. W  (Astrology, Fl. 32322
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the registered agent is:  SPAD SINAL TO  SOQ STR St. W.  CONCOLUDIO, Fl. 32322
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Bradley A Singletin  509 8+K St. W. Chirabelle, Fl. 32322
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 any accept the appointment as registered agent and agree to act in this capacity.    Signature/Registered Agent   Date   Date