

N05000001889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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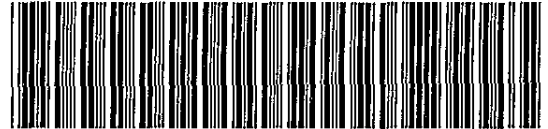
(Business Entity Name)

(Document Number)

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SECRETARY U.S. STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NSP
2/24

TRANSMITTAL LETTER

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

SUBJECT: Rebirth 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

(2)

ADDITIONAL COPY REQUIRED

FROM: Karl Knight
Name (Printed or typed)

4512 Lost Pine Drive
Address

Tallahassee Florida 32305
City, State & Zip

(850) 386-2245
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:

Rebirth Inc.

ARTICLE II PRINCIPAL OFFICE

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

3478 Chatelaine Ct. Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide mental health and social services to children and families in the state of Florida and engage in services and activities related

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

majority vote

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Karl Knight (president) 4512 Lost Pine Drive Tallahassee, Florida 32305
Trevino Williams (vice president) 2537 Glover Road Tallahassee, Florida 32305

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Karl Knight 4512 Lost Pine Drive Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karl Knight 4512 Lost Pine Drive 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.

Signature/Registered Agent

Date

2/24/05

Signature/Incorporator

Date

2/24/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 24 AM 9:57

FILED