

N/05000003860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

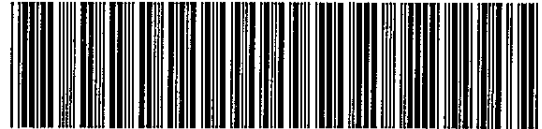
(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: Angel Family Intervention, 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

FROM: Sandra M. Clark-Glover
Name (Printed or typed)
2200 Australian Ave Suite 509
Address
West Palm Beach, FL 33407
City, State & Zip
561-236-8158
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:

Angel Family Intervention, Inc

ARTICLE II PRINCIPAL OFFICE

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

2200 Australian Ave Suite 509
West Palm Beach, Fl. 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide community base counseling services including Mental Health, Grieve, DUI & substance abuse

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Sandra M. Clark - owner / ^{President} 2200 N. Australian Ave # 509 WTB, Fl 33407
Roy D. Glover - 'V.P.' 2200 N. Australian Ave Suite 509 WPB, Fl. 33407
Marsha Aiken, 175-09 ^{Treasurer} Murdoch Ave St. Albans, NY 11434

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sandra M. Clark-Glover
2200 N. Australian Ave Suite 509
W.P.B. Fl. 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandra M. Clark-Glover
2200 N. Australian Ave Suite 509
W.P.B. Fl. 33407

* -----*****
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.

Sandra M. Clark-Glover
Signature/Registered Agent - Glover

April 2, 2005
Date

Sandra M. Clark/President
Signature/Incorporator

April 2, 2005
Date

FILED
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REGISTRY OF STATE
TALLAHASSEE, FLORIDA