

N05000604815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

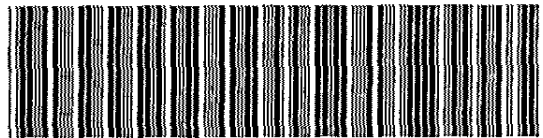
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
05 MAY 10 PM 2:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. Shivers MAY 10 2005

## TRANSMITTAL LETTER

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

SUBJECT: Healing Families (HF)  
(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: Tracy Whited  
Name (Printed or typed)

1422 Celtic Rd  
Address

Tallahassee, FL 32317  
City, State & Zip

850-454-4879  
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:

Healing Families Social Services  
CORP

## ARTICLE II PRINCIPAL OFFICE

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

1353 E Lafayette ST Mailing Address  
Tallahassee, FL 32301 P.O. box 182 529  
Tallahassee, FL 32318

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This organization will strive to support families by dynamic education programs and early crisis intervention. Healing Families will provide temporary housing for misplaced and abused children, licensing for foster care, transitional and family housing as well as counseling, medical services, early delinquency intervention and our proprietary pre-contemplative delinquency diversion program.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Officers will be elected by an independent trustee board.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Adrienne Webster President  
Tracy White VP Support Services  
Kenneth Webster Executive VP/CEO  
Chae Marlow Secretary  
Dr. James Brown VP Counseling / Support Services

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Amita O Abrams  
3204 Hashe Rd  
Tallahassee, FL 32305

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy White  
1922 Celtic Rd  
Tallahassee, FL 32317

\*\*\*\*\*  
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.

Amita O. Abrams

Signature/Registered Agent

5/10/2005

Date



Signature/Incorporator

10 May 2005

Date