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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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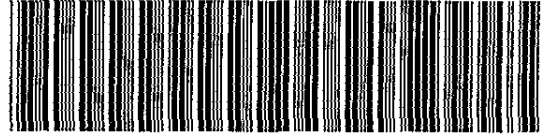
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 APR 11 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 4-12-06

COVER LETTER

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

SUBJECT: CITY RECOVERY HOUSE OF MIAMI, 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: T. RISELLI

Name (Printed or typed)

223 NW 12th. St. Apt-1

Address

Miami, Fl. 33316

City, State & Zip

786-290-0905

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

City Recovery House Of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

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

223 NW 12. St., Miami, Fl. 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE A ZERO TOLERANCE DRUG AND ALCOHOL FREE ENVIRONMENT IN THE HART OF THE CITY. OFFERING THE RECOVERING ADDICT THE SUPPORT SYSTEM PHILOSOPHY OF LIVING IN A GROUP HOME-FACILITY AND EDUCATIONAL PROGRAMS TO HELP THEM CHANGE THEIR LIVES.

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):

M. Mooty, 223 NW 12. St., Miami, Fl. 33136.

T. Riselli, 223 NW 12. St., Miami, Fl. 33136.

S. Magri, 223 NW 12. St., Miami, Fl. 3313

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

T. Riselli, 223 NW 12. St., Miami, Fl. 33136.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

T. Riselli, 223 NW 12. St., Miami, Fl. 33136.

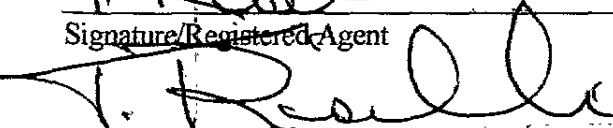
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

4-5-06

Date



Signature/Incorporator

4-5-06

Date