

N08000002908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400119556694

03/07/08--01028--019 **208.75

FILED

2008 MAR 24 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1183-25

COVER LETTER

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

SUBJECT: U.N.I.T.Y. COUNSELING SERVICES, 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:

TAX EMPORIUM, INC.
Name (Printed or typed)

3059 W BLOWARD BLVD
Address

FORT LAUDERDALE, FL 33312
City, State & Zip

(954) 581-4567
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2008

TAX EMPORIUM INC.
3059 W. BROWARD BLVD.
FT. LAUDERDALE, FL 33312

SUBJECT: U.N.I.T.Y. COUNSELING SERVICES, INC.
Ref. Number: W08000012530

We have received your document for U.N.I.T.Y. COUNSELING SERVICES, INC. and your check(s) totaling \$208.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 108A00014642

RECEIVED
2008 MAR 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

U.N.I.T.Y. COUNSELING AND FAMILY SVCS., INC.

ARTICLE II PRINCIPAL OFFICE

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

5487 NW 44th Way
Coconut Creek Fl 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide crisis intervention services to youth and families identified as in need and other related services for the preceding group.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointments are based on education and experience in the area of crisis intervention and related field.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

ANTONIO CRUZ, PRESIDENT/DIRECTOR
5487 NW 44th Way
Coconut Creek Fl 33073

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANTONIO CRUZ
5487 NW 44th Way
Coconut Creek Fl 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTONIO CRUZ
5487 NW 44th Way
Coconut Creek Fl 33073

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

Signature/Incorporator

Date

Date

FILED

2008 MAR 24 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA