N08000006120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Profit Corp. Assolved
6/25/08

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2008 JUN 26 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2008 JUN 26 A 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW NON PROFIT
6-27-08

To Whom It May Concern:

We have no intention of revoking dissolution of the voluntary dissolution of Coastal Mental Health Partnership Inc.

We hereby give consent for the name to be used for the formation of a non-for profit corporation.

Please call with any questions, and thank you for your guidance.

Sincerely,

Pat Cicetti — 6-20-08
Pat Cicetti — Date

Glen Alterman — 6/20/08
Glen Alterman — Date

Lisa Cicetti — 6/20/8
Lisa Cicetti — Date

6/23/08
Kathleen M. Porpora Notary
Personally known to me.

KATHLEEN M. PORPORA
MY COMMISSION # DD365064
EXPIRES: November 26, 2008
1-800-3-NOTARY Fl. Notary Discount Assoc. Co.

COVER LETTER

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

SUBJECT: Coastal Mental Health Partnership 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: Lisa Cicetti
Name (Printed or typed)

5421 Oakmont Village Cir.
Address

Lake Worth Fl 33463
City, State & Zip

561-502-1992
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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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Coastal Mental Health Partnership Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

8130 Mimosa Place
Boynton Beach, FL 33472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide charitable and low cost services to persons with a variety of barriers to success. (examples: developmentally disabled, aged/elderly, Mental health disorders, Traumatic Brain injury, etc.) These services include psychological & neuropsychological asessment, Cognitive rehabilitation, employment placement, job coaching/support and housing services and supported living services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are appointed/selected according to thier area of expertise. Directors must be certified or licensed in thier respective fields and must have a minimum of 10 years experience providing direct services to people with barriers to success. Directors are elected as stated in the by-laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President / Director: Patricia Cicetti, 8130 Mimosa Place, Boynton Beach FL 33472
Vice President / Assistant Director: Glen Alterman, 6 NE 19th St Delray Beach, FL 33444
Treasurer / Director of Psychological Services: Lisa Cicetti, 5421 Oakmont Village Circle, Lake Worth, FL 33463

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Patricia Cicetti
8130 Mimosa Place
Boynton Beach, FL 33472

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lisa Cicetti
5421 Oakmont Village Circle
Lake Worth, FL 33463

****

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.

Patricia Cicetti
Signature/Registered Agent

6-23-08
Date

Signature/Incorporator

6-23-08
Date