

1080000006120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

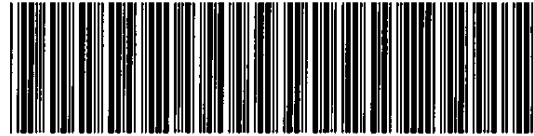
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Project Corp. dissolved
6/25/08

Office Use Only



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2008 JUN 26 A 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2008 JUN 26 A 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW Non Profit
8-48-9

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

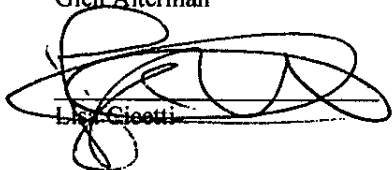
Date



Glen Alterman

6/20/08

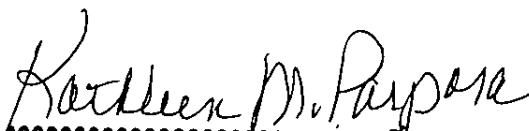
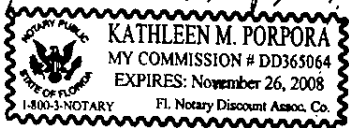
Date



Lisa Cicetti

6/20/08

Date

Notary

6/23/08
Personally knows
to me.

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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SECRETARY OF STATE
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 assessment, 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 their area of expertise. Directors must be certified or licensed in their 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

[Signature]

Signature/Incorporator

6-23-08

Date

6-23-08

Date