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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

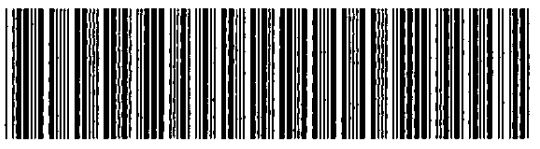
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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108-11019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2008

MANDY PAVLAKOS, ESQ.
4019 W. 1ST STREET
SANFORD, FL 32771

SUBJECT: HORIZON FAMILY SERVICES, INC.
Ref. Number: W08000041869

We have received your document for HORIZON FAMILY SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 408A00049347

COVER LETTER

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

SUBJECT: Horizon Family 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Mandy Pavlakos, Esq.
Name (Printed or typed)

4019 W. 1st Street
Address

Sanford, FL 32771
City, State & Zip

407-688-1301 Ext. 2
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:

Horizon Family Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

116 Crooked Pine Drive
Sanford, FL 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Horizon Family Services, Inc., will facilitate emotional healing and growth, physical health, basic education, restorative independent living skills, social and recreational functioning and vocational pursuit. We also strive to promote skill development, use of leisure time, community socialization and personal development.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By vote to be stated in the Bylaws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President: Veronica Rivera
Vice President: Robert A. Johnson
Secretary: Vanessa Marshall
Treasurer: Ronald L. Cowan II

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Veronica Rivera
116 Crooked Pine Drive
Sanford, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mandy Pavlakos, Esq. 4019 West 1st Street
Sanford, FL 32771

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.

Veronica Rivera
Signature/Registered Agent

9/4/08
Date

Mandy Pavlakos
Signature/Incorporator

9/4/2008
Date