

N08000008764

(Requestor's Name)

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(Business Entity Name)

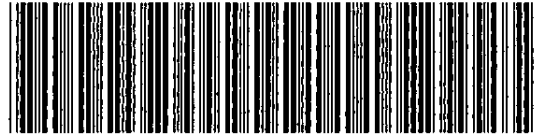
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*VH*



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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$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