# No 9000007556

(Ke	equestor's Name)			
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Ad	ldress)			
	•			
(Cit	ty/State/Zip/Phone	∋ #)		
•	•	,		
PICK-UP	MAIT	MAIL		
<del></del>	<u>—</u>	_		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
	•			
Certified Copies Certificates of Status				
·				
	<del></del>			
Special Instructions to	Filing Officer:	ĺ		
1,00	20696	1		
W2-32694				





600158350146

07/15/09--01013--003 \*\*87.50

FILED
2009 AUG -3 PH 4: 2:
SECRETARY OF STATE
TAIL AHASSEEF FISHER.

T. Bureh JUL 16 2009

# **COVER LETTER**

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

SUBJECT:	Anger Management of South Florida Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status		
FROM:	DR. G.Oliver Barnes  Name (Printed or typed)				
	7100 West Oakland Park Blvd.				
	A	Address			
	Sunrise,Florida,33313 City, State & Zip				
	•	·			
	954-572-1448/954-918-0962  Daytime Telephone number				
	goliverb	@yahoo.com			
	E-mail address: (to be used		notification)		

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2009

DR. G.OLIVER BARNES 7100 WEST OAKLAND PARK BLVD SUNRISE, FL 33313

SUBJECT: ANGER MANAGEMENT OF SOUTH FLORIDA INC.

Ref. Number: W09000032694

We have received your document for ANGER MANAGEMENT OF SOUTH FLORIDA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6928.

Letter Number: 509A00024477

Tim Burch Regulatory Specialist II New Filing Section

Division of Corporations - P.O. ROY 6397 - Tallahasson, Florida 39314

### ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Anger Management of South Florida Inc.

### ARTICLE II PRINCIPAL OFFICE

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

7100 West Oakland Park Blvd.

Sunrise, FL, 33313

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To facilitate and maintain, with thorough training, a healthy bond with fellow teammates. Educate the individuals on making better choices, encouraging them to develop the self confidence needed to believe in themselves.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

All Directors (Elected Directors and Appointed Directors) shall serve a two-year as per bylaws

### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Dr. G.Oliver Barnes-President 7100 West Oakland Park Blvd. Sunrise, FL, 33313

Ms. Enid Mckoy-Director 7100 West Oakland Park Blvd Sunrise,FI, 33313

Rvan Davidson-Director 7100 West Oakland Park Blvd. Sunrise FL.33313

Sonia Elaine Barnes-Secretary 7100 West Oakland Park Blvd. Sunrise, FL, 33313

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr.G.Oliver Barnes

7100 West Oakland Park Blvd.

Sunrise, FL, 33313

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. G.Oliver Barnes

7100 West Oakland Park Blvd

Sunrise, FL,33313

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.

fure/Registered Agent

Mure/Incorporator

7/29/09 Date 7/29/09