

No90000007576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

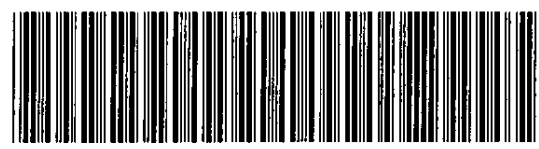
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200159156202

08/04/09--01029--006 **70.00

FILED
09 AUG -4 AM 9:16
RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

ack
8-5-09

COVER LETTER

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

SUBJECT: NEW LIFE FAMILY THERAPY, 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: IDELFONSO KUAN
Name (Printed or typed)

861 SW 8th STREET
Address

MIAMI, FL 33130
City, State & Zip

(786) 299 - 2421
Daytime Telephone number

aboladeres@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:
NEW LIFE FAMILY THERAPY, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
861 SW 8th ST.
MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Re-education of people who are dependent on drugs and alcohol and also family therapy and community services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Nomination by the President and Board approval.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Idelfonso Kuan, 861 SW 8th St. Miami. FL 33130 - PRESIDENT
Rolando J. Muhlig Ph.D., LMHC, 861 SW 8th St. Miami. FL 33130 - MEDICAL DIRECTOR
Marilyn Lopez, 861 SW 8th St. Miami. FL 33130 - SECRETARY & TREASURER

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
ALBERTO BOLADERES. 861 SW 8th ST. MIAMI. FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Idelfonso Kuan, 861 SW 8th St. Miami. FL 33130

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.

Signature/Registered Agent

JULY 27th, 2009
Date

Signature/Incorporator

JULY 27th, 2009
Date

FILED
09 AUG - 4 AM 9:16
CLERK OF COUNTY
OF DADE, FLORIDA