

NO9000009256

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

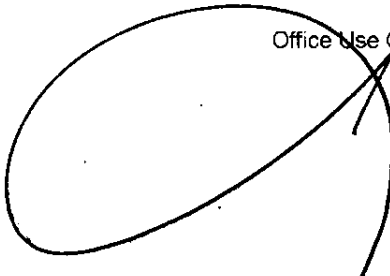
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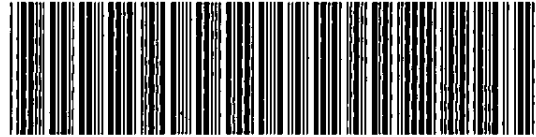
Certified Copies: \_\_\_\_\_ Certificates of Status: \_\_\_\_\_

Special Instructions to Filing Officer:

~~209-41080~~

Office Use Only

  
9/14



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2009 SEP 21 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

SUBJECT: SECOND CHANCE RECOVERY 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: ANN CONSTANTINE  
Name (Printed or typed)

2456 MALIBU LN.  
Address

NORTH PORT, FL. 34286  
City, State & Zip

941 441-7114  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2009

ANN CONSTANTINE  
2456 MALIBU LANE  
NORTH PORT, FL 34286

SUBJECT: SECOND CHANCE RECOVERY INC.  
Ref. Number: W09000041080

We have received your document for SECOND CHANCE RECOVERY 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 909A00030269

RECEIVED

09 SEP 21 PM 12:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

SECOND CHANCE RECOVERY INC.

**ARTICLE II PRINCIPAL OFFICE**

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

2456 MALIBU LN.  
NORTH PORT, FL. 34286

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SUBSTANCE ABUSE RECOVERY HOMES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

THE BOARD MEMBERS ARE THE OWNERS  
OF THE BUSINESS

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

ANN CONSTANTINE - PRESIDENT - TREASURER  
2456 MALIBU LN., NORTH PORT, FL 34286  
THOMAS GUY - DIRECTOR  
2456 MALIBU LN. NORTH PORT, FL 34286  
JAMES COLBURN - SECRETARY  
379 CENTER AVE. PORT CHARLOTTE, FL. 33952

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

THOMAS GUY  
2456 MALIBU LN.  
NORTH PORT, FL. 34286

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANN CONSTANTINE  
2456 MALIBU LN.  
NORTH PORT, FL. 34286

\*\*\*\*\*

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

THOMAS GUY

Signature/Incorporator

ANN CONSTANTINE

Date

9/8/09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 21 PM 4:15

FILED