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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 27 2010
D. A. WHITE

COVER LETTER

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

SUBJECT: Better Days Wellness Clinic/ CMHC, 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: Noura S. Johnson
Name (Printed or typed)

2850 NW 208th Street
Address

Miami Gardens, FL 33056
City, State & Zip

786-269-8211 or 786-525-1090
Daytime Telephone number

soulful2@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:

Better Days Wellness Clinic/ CMHC, Inc

ARTICLE II PRINCIPAL OFFICE

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

2850 NW 208th Street
Miami Gardens, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of Better Days Wellness Clinic, CMHC is to provide quality mental health, behavioral and substance treatment to children, adults, and families living in distress in an effort to improve their quality of life by providing prevention, early intervention, aftercare and follow-up services to ensure on going stability. In addition, Better Days purpose is to provide clinical supervision to individuals seeking advance degrees, certifications and/or licensure in social work as well as other areas with the mental health field. Better Days will also provide consultative services to agency/ businesses for quality assurance purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The founding members will appoint the Directors and members of the Board.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Devon R. Harrington, Codirector
269 NW 7th Street, Unit 118
Miami, FL 33136

Noura S. Johnson, Codirector
2850 NW 208th Street
Miami Gardens, FL 33056

Domonique Johnson, Administrative Director
2850 NW 208th Street
Miami Gardens, FL 33056

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Noura S. Johnson
2850 NW 208th Street
Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Noura S. Johnson
2850 NW 208th Street
Miami Gardens, FL 33056

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

Noura S Johnson

4/16/10

Date

Signature/Incorporator

Noura S Johnson

4/16/10

Date

FILED
2010 APR 26 P 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA