

N10000006611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

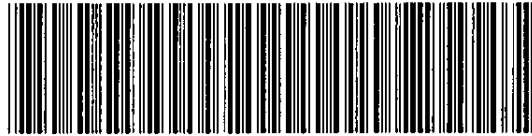
(Business Entity Name)

(Document Number)

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

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10 JUL 14 PM 1:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 JUL 14 PM 4:26

DEPARTMENT OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
7/14

## COVER LETTER

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

**SUBJECT:** Chestford Residential and Rehabilitation Center, 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:** JoFrances Forbes  
Name (Printed or typed)

6659 Veterans Memorial Drive  
Address

Tallahassee, FL. 32309  
City, State & Zip

(850) 509-1384  
Daytime Telephone number

josie17020@gmail.com  
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)

**FILED**

10 JUL 14 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Chestford Residential and Rehabilitation Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

6659 Veterans Memorial Drive, Tallahassee, Florida 32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To educate and develop youth in the areas of mental health counseling, social and emotional development, educational training, and vocational education as they are exposed to and taught life management skills with a spiritual emphasis.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

As provided for in the by-laws.

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

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

Clem Chester, Board Member  
6659 Veterans Memorial Drive  
Tallahassee, FL. 32309

Anna Chester, Board Member  
6659 Veterans Memorial Drive  
Tallahassee, FL. 32309

Gary Forbes, Board Member  
6659 Veterans Memorial Drive  
Tallahassee, FL. 32309

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

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

Jo Frances Forbes  
6659 Veterans Memorial Drive  
Tallahassee, Florida 32309


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

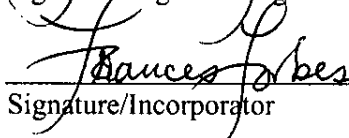
Jo Frances Forbes  
6659 Veterans Memorial Drive  
Tallahassee, Florida 32309

\*\*\*\*\*

*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

7/14/2010  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/14/10  
\_\_\_\_\_  
Date