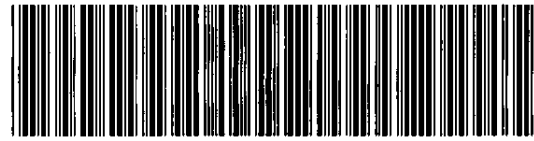


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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10 AUG -4 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 8/6/10

COVER LETTER

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

SUBJECT: Palm Beach County Codependents Anonymous Intergroup
Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED			

FROM: Anthony Civalone
Name (Printed or typed)

2890-SW 4th St
Address

Boynton Beach FL 33435
City, State & Zip

561-364-5205
Daytime Telephone number

Tomcive@Bellouth.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:

Palm Beach County Codependents Anonymous Intergroup Inc

ARTICLE II PRINCIPAL OFFICE

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

*2890 SW 4th St
Boynton Bch FL 33435*

*Mailing Address is:
P.O. Box 3176 Boynton Bch FL
33424-3176*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Non-profit 12 step facilitator
meetings*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

election every 2 years

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG - 4 PM 1:56

APPROVED
AND
FILED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*President VP
Anthony Crivellone Joan Crivellone
2890 SW 4th St 2890 SW 4th St
Boynton Bch FL 33435 Boynton Bch FL 33435*

*SEE
Neil Gardow
2500 N. Fed Hwy
Boynton Bch FL
33431*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Anthony Crivellone
2890 SW 4th St
Boynton Bch Florida 33435*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Anthony Crivellone
2890 SW 4th St
Boynton Bch Florida 33435*

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]

Signature/Registered Agent

8-2-10

Date

[Signature]

Signature/Incorporator

8-2-10

Date