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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

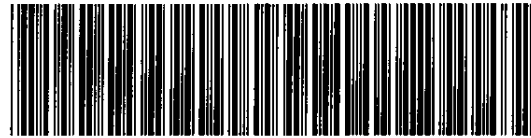
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 29 2010

## COVER LETTER

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

SUBJECT: Balance, Lives In Transition, 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: Mark W. Medick  
Name (Printed or typed)

4023 Sun n' Lake Blvd.  
Address

Sebring, FL 33872  
City, State & Zip

863-386-5687  
Daytime Telephone number

balanceheartland@yahoo.com  
E-mail address: (to be used for future annual report notification)

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2010 SEP 27 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Balance, Lives In Transition, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

4023 Sun 'n Lake Blvd  
Sebring, Florida 33872

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To improve the quality of life for those with mental illness by providing support, education and advocacy

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The Board Directors shall be elected at the annual meeting of the membership.

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

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

Mark W. Medick 4023 Sun 'n Lake Blvd, Sebring, FL 33872 President  
Anthony Vaccarino, Jr. 4023 Sun 'n Lake Blvd, Sebring, FL 33872 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:

Mark W. Medick, BA  
4023 Sun 'n Lake Blvd  
Sebring, FL 33872

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mark W. Medick, BA  
4023 Sun 'n Lake Blvd  
Sebring, FL 33872

\*\*\*\*\*  
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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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2010 SEP 27 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-23-2010

9-23-2010