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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 23 PM 1:46

APPROVED  
AND  
FILED

14

## COVER LETTER

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

SUBJECT: **SHIELD Behavioral Health, 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: **Anthony James Brown**

Name (Printed or typed)

**4159 57th Court**

Address

**Vero Beach, Florida 32967**

City, State & Zip

**772-778-0959**

4159 57th Court Telephone number

**busterson@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** SHIELD Behavioral Health, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4159 57th Court  
Vero Beach, Florida 32967

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Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide behavioral health services to indigent, homeless, mentally ill and drug addicted residents of Indian River and St. Lucie counties, Florida. These services will be provided through a community resource center.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The original board of directors will be appointed by the CEO. Thereafter on an annual basis, board members will be nominated and voted in by existing board members. board members will serve terms of five years. After a five year term, they must be re-elected to continue to serve.

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

Name and Title: Anthony James Brown- Chief Executive Officer  
Address: 4159 57th Court  
Vero Beach, Florida 32967

Name and Title: Bruce McCloud~  
Address: 4320 Old Dixie Hwy.  
Vero Beach, Florida 32967

Name and Title: Bernadine Brown - Program Director  
Address: 103 Bedford Drive  
Fort Pierce, Florida 34946

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Anthony James Brown  
Address: 4159 57th Court  
Vero Beach, Florida 32967

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony James Brown  
Address: 4159 57th Court  
Vero Beach, Florida 32967

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

Anthony J. Brown  
Required Signature of Registered Agent

9/16/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony J. Brown  
Required Signature of Incorporator

9/16/11  
Date