

NI2000000918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

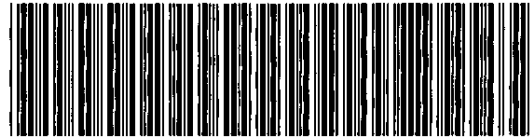
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900219088289

01/25/12--01007--013 **78.75

FILED

12 JAN 25 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Comprehensive Psychiatric Services, Incorporated
(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: Stephen Ryan
Name (Printed or typed)

6150 Metrowest Blvd Ste 103
Address

Orlando FL 32835
City, State & Zip

(407) 462 6701
Daytime Telephone number

STYAN1005@t1.r.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)

ARTICLE I NAME

The name of the corporation shall be: Comprehensive Psychiatric Services Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

6150 Metrowest Blvd Ste 103
Orlando FL 32835

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To ensure effective planning, secure adequate financial resources, provide financial oversight and to enhance the organization's public standing.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Selected By Principals of the company

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Ryan VP
Address: 6150 Metrowest Blvd
Ste 103
Orlando FL 32835

Name and Title: _____
Address: _____

Name and Title: Sajid Hafeez President
Address: 6150 Metrowest Blvd
Ste 103
Orlando FL 32835

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: Stephen Ryan
Address: 2433 Azalea Rd
Apopka FL 32703

FILED
12 JAN 25 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephen Ryan
Address: 2433 Azalea Rd
Apopka FL 32703

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



Required Signature of Registered Agent

1-22-12

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.



Required Signature of Incorporator

1-22-12

Date