

N12000004986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

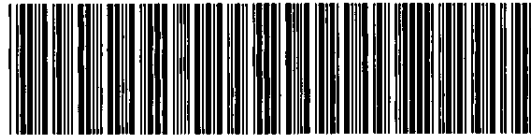
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/12--01019--016 **78.75

W12-25084

FILED
12 MAY 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E Burch MAY 17 2012

COVER LETTER

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

SUBJECT: Community Rehabilitation Center Institute
(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: LaShan Lane
Name (Printed or typed)

5308 North Pearl Street
Address

Jacksonville, Florida 32208
City, State & Zip

904-647-8593 ext. 203
5308 North Pearl Street Telephone number

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 MAY 16 AM 11:01
DIVISION OF CORPORATIONS

May 7, 2012

LASAH LANE
5308 NORTH PEARL STREET
JACKSONVILLE, FL 32208

SUBJECT: COMMUNITY REHABILITATION CENTER INSTITUTE, *Inc.*
Ref. Number: W12000025094

We have received your document for COMMUNITY REHABILITATION CENTER INSTITUTE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

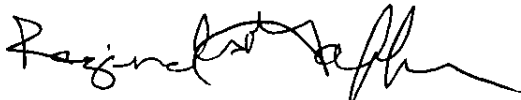
Letter Number: 512A00013620

May 1, 2012

To whom it may concern:

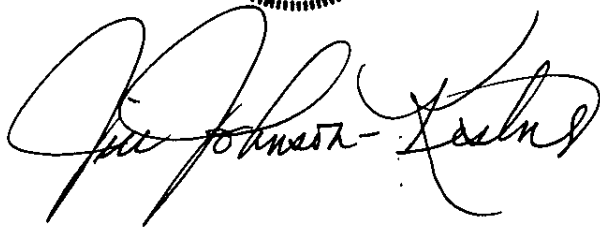
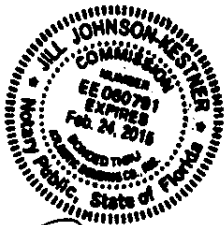
Please allow this letter to act as the official document for Community Rehabilitation Center Institute, Inc. stating that the entity has been formally dissolved as a FL for profit entity and seeks to re organized as a FL not for profit entity bearing the same name, Community Rehabilitation Center Institute. Furthermore, all Officers and Directors certify that there is no intent to reinstate or revoke the dissolution.

Sincerely,



Reginald Gaffney, President

Community Rehabilitation Center Institute



May 1, 2012

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Community Rehabilitation Center Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5308 North Pearl St

Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide training and employment opportunities in the field of construction.

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reginald Gaffney, President

Address: 11636 Jerry Adams Ct
Jacksonville, FL 32218

Name and Title: Tonya Seigler, Vice President

Address: 5320 North Pearl St
Jacksonville, FL 32208

Name and Title: LaShan Lane, Director

Address: 5320 North Pearl St
Jacksonville, FL 32208

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: Reginald Gaffney

Address: 11636 Jerry Adams Ct
Jacksonville, FL 32218

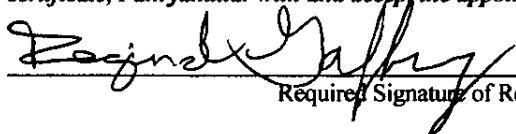
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaShan Lane

Address: 5320 North Pearl St
Jacksonville, FL 32208

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

05/01/2012

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

05/01/2012

Date

FILED
12 MAY 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA