

N12000008744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

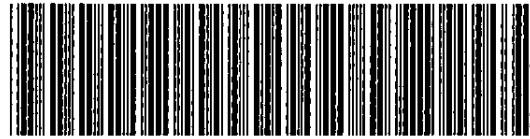
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/11/12--01010--002 **35.00

06/06/12--01008--016 **35.00

W12-31226

FILED
12 SEP 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

9-12-12

COVER LETTER

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

SUBJECT: Christian Counseling Associates of Jacksonville
(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: Andrew T. Jacobs

Name (Printed or typed)

165 Barberry Lane

Address

Ponte Vedra Beach, FL 32082

City, State & Zip

904-509-4253

165 Barberry Lane Telephone number

tracydeadman@bellsouth.net

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 JUL 30 PM 2:5

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 7, 2012

ANDREW T. JACOBS
165 BARBERRY LANE
PONTE VEDRA BEACH, FL 32082

SUBJECT: CHRISTIAN COUNSELING ASSOCIATES OF JACKSONVILLE
Ref. Number: W12000031226

We have received your document for CHRISTIAN COUNSELING ASSOCIATES OF JACKSONVILLE and your check(s) totaling \$35.00. 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: 112A00016179



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2012

ANDREW T. JACOBS
165 BARBERRY LANE
PONTE VEDRA BEACH, FL 32082

SUBJECT: CHRISTIAN COUNSELING ASSOCIATES OF JACKSONVILLE, INC
Ref. Number: W12000031226

We have received your document for CHRISTIAN COUNSELING ASSOCIATES OF JACKSONVILLE, INC and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

Please accept our apology for failing to mention this in our previous letter.

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: 512A00019985



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2012

ANDREW T. JACOBS
165 BARBERRY LANE
PONTE VEDRA BEACH, FL 32082

SUBJECT: CHRISTIAN COUNSELING ASSOCIATES OF JACKSONVILLE
Ref. Number: W12000031226

We have received your document for CHRISTIAN COUNSELING ASSOCIATES OF JACKSONVILLE and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your check is being returned, because it is missing a signature. Please sign and return.

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: 412A00021997

May 1, 2012

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

To Whom It May Concern;

Enclosed please find the Articles of Incorporation for a Not For Profit Corporation. I am requesting that the name, Christian Counseling Associates of Jacksonville, to be assigned to this not for profit corporation.

Also enclosed are the Articles of Dissolution for the LLC by the same name. As the managing member of the dissolved LLC, I do not intend to reinstate the LLC articles. The intent is to incorporate as a not for profit and request such status from the Internal Revenue Service.

If any more information is necessary, please contact my assistant, Tracy Deadman, at 904-525-4390.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew T. Jacobs', with a large, stylized initial 'A' and a long horizontal stroke extending to the right.

Andrew T. Jacobs
President
Christian Counseling Associates

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

ARTICLE I NAME

The name of the corporation shall be:

Christian Counseling Associates of Jacksonville, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

165 Barberry Lane

Ponte Vedra Beach, FL 32082

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Christian Counseling Associates purpose is to provide a comprehensive and full availability of all counseling services. These services will be offered to all individuals based on a fee that is affordable to them based on their financial situation.

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

Initial Board was asked to volunteer to set future policy and guidelines, in the future additional board members will be elected by vote of 2/3 majority of the board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew T. Jacobs, President

Address: 165 Barberry Lane
Ponte Vedra Beach, FL 32082

Name and Title: _____

Address: _____

Name and Title: Michael Freed, Treasurer

Address: 800 West Monroe Street
Jacksonville, FL 32202

Name and Title: _____

Address: _____

Name and Title: Tracy Deadman, Secretary

Address: 2657 Iota Court
Orange Park, FL 32072

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: Michael Freed

Address: 800 West Monroe Street
Jacksonville, FL 32202

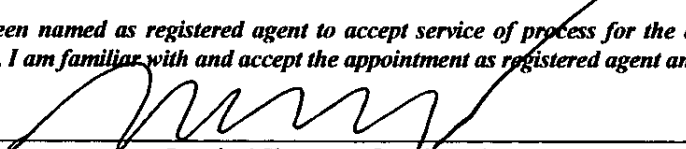
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew T. Jacobs

Address: 165 Barberry Lane
Ponte Vedra Beach, FL 32082

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

5/14/12
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

5/14/12
Date

FILED
12 SEP 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA