(Re	(Requestor's Name)				
(Ad	ldress)				
·	•				
(Address)					
DA)	idless)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(50	isiness Entity Han	no,			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
		· · · · · · · · · · · · · · · · · · ·			
Special Instructions to Filing Officer:					
1					
• ••					



300250217153

08/05/13--01007--020 **78.75

13 AUG -5 PH 2: 29
SECRETARY OF STATE FLORIDA

Office Use Only

MD 8/8

COVER LETTER

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

UnAshamed-A Mental Health Society 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: Delicia Latarsha Batten

Name (Printed or typed)

11748 SW 17 Ct

Address

Miramar, FL 33025

City, State & Zip

954 638-4608

Daytime Telephone number

batten71@aol.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: UnAshamed- A Mental Health Society INC.						
ARTICLE II	PRINCIPAL OFFICE		HAS	6-5		
1174	Principal <u>street</u> address: 48 SW 17 court		Mailing address, if different is:	RED		
Mira	amar, FL 33025		ORIDA	29		
ARTICLE III The purpose for coaching a	PURPOSE r which the corporation is organized is: nd help to develop wellness tool	provide edu kit for a qual	icational information for life skility lifestyle also to provide enco	ls training uragement		
through pe	eer counseling for adults diagno	sed with me	ental illnesses. Through these	initiatives		
our goal is	s to empower said individuals a	ind promote	mental health recovery that v	vill enable		
successf	ful transition and intergration	on into the	community.			
			Dire	otoro		
ARTICLE IV			e directors are elected and appointed:	ectors		
will be elected/appointed as stated in the by-laws						
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS				
Name and Title	Elvira Sears, Director	Name and Title	Christopher Williams, Vice-President			
Address	5010 SW 19st	Address:	4591 NW 19 Street			
	West Park, FL 33023		Apt 104			
			Lauderhill, FL 33313			
Name and Title	Trevor Vailey, Director	Name and Title	Janice Ballard, Secretary			
Address	912 NW 14 ct	Address:	20819 NW 9th Court			
ridates	Fort Lauderdale,FL 33311		Apt 108			
		•	Miami Gardens, FL 33169			
Name and Title	Delicia Batten, Director;CEO	Name and Title				
Address	11748 SW 17 Ct	Address:				
	Miramar, FL 33025					
		•				

	·	Name and Title:	
Address _		Address:	<u></u> _
Name and Title: Address			13 AUG -5 PH 2:29 SECRETALLY OF STATE ALLAHASSEE, FLORID
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT lorida street address (P.O. Box NOT acce) Delicia Batten 11748 SW 17 Court Miramar,FL 33025	ptable) of the registered agent is:	
ARTICLE VII The name and a	INCORPORATOR Idress of the Incorporator is:		
Name:	Delicia Batten		
Address:	11748 SW 17 Court		
	Miramar,FL 33025	 	
Having been na certificate, I am	med as registered agent to accept service familiar with and accept the appointment of	of process for the above stated corp is registered agent and agree to act in	poration at the place designated in this n this capacity
ille;	Required Signature of Registered	Agent	Ave 1, 2013
	ument and affirm that the facts stated here it of State co nstit utes a third degree felony		se information submitted in a document
Del:c	Required Signature of Incor	_	Aug 1, 2013

.

i .