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APPROVED FOR SALE  
BY STATE OF CALIF.

W115-3855

MD 2/25

**COVER LETTER**

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

SUBJECT: POLK COUNTY CRITICAL INCIDENT STRESS MANAGEMENT TEAM, 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: JAMES J JABLONSKY  
Name (Printed or typed)

1295 BRICE Blvd.  
Address

BARTOW, FL 33830  
City, State & Zip

863-899-8159  
Daytime Telephone number

jjablonsky@polkfl.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

January 20, 2015

JAMES J. JABLONSKY  
1295 BRICE BLVD.  
BARTOW, FL 33830

SUBJECT: POLK COUNTY CRITICAL INCIDENT STRESS MANAGEMENT  
TEAM, INC.  
Ref. Number: W15000003855

We have received your document for POLK COUNTY CRITICAL INCIDENT STRESS MANAGEMENT TEAM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00001106

February 20, 2015

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

15 FEB 21 AM 9:58  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

Subject: Corrected application for Polk County Critical Incident Stress Management Team, Inc.

Reference # W15000003855

Please find attached the following:

1. Corrected application.
2. Copy of corrected application
3. Copy of letter from Department of State, Division of Corporations

James J. Jablonsky, Secretary  
Polk County Critical Incident Stress Management Team

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

**ARTICLE I NAME**

The name of the corporation shall be: POLK COUNTY CRITICAL INCIDENT STRESS MANAGEMENT TEAM, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1295 Brice Blvd.  
Bartow, FL 33830

Mailing address, if different is:  
15 FEB 24 11 48:59

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Polk County Critical Incident Stress Management (CISM) Team is dedicated to providing stress management services to Emergency Responders who have been affected by a critical incident. It is comprised of trained peers who work in Emergency Services.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Elected at annual meeting for a two year term.

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

Name and Title: Rosa Lalonde  
Address: President  
1465 Maple Ave N.  
Bartow, FL 33830

Name and Title: Larry Bennett  
Address: Vice President  
978 Whisper Cove  
Winter Haven, FL 3388

Name and Title: James J. Jablonsky  
Address: Secretary  
11330 Demille Rd.  
Polk City, FL 33868

Name and Title: Paul Womble  
Address: Treasurer  
5303 English Dr.  
Lakeland, FL 33812

Name and Title: Kirk Fasshauer  
Address: Director  
P.O. Box 1559  
Bartow, FL 33831

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

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15 FEB 24 AM 8:58  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VI REGISTERED AGENT**

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

Name: James J. Jablonsky  
Address: 1295 Brice Blvd.  
Bartow, FL 33830

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: James J. Jablonsky  
Address: 1295 Brice Blvd.  
Bartow, FL 33830

*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

1-9-15  
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

1-9-15  
Date