N1500002927

(Re	questor's Name)					
(Ad	dress)					
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PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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SECRETARY OF STATE

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COVER LETTER

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

ADVANCED CARE SERVICES, 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: GAYON

Name (Printed or typed)

6151 MIRAMAR PARKWAY #310

Address

MIRAMAR, FL 33023

City, State & Zip

305-308-2728

Daytime Telephone number

info@advancedcareservices.org

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)

<u>ARTICLE II</u>	PRINCIPAL OFFICE		
615	Principal <u>street</u> address: 51 MIRAMAR PARKWAY		Mailing address, if different is: SAME
SL	JITE 310		
MI	RAMAR, FL 33023		
	or which the corporation is organized is:		a community organization to prov
			avioral health and substance
abuse s	ervices to include psychiatric	c evaluatio	ns, bio-psychosocial assessme
medicat	ion management, counselir	ng, case m	anagement, seminars and gro
that pro	motes wellness among chil	dren, adul	t, and geriatric population.
Provide	referrals and linkage of ser	vices with	other community agencies.
		<u>, </u>	
	V MANNER OF ELECTION _The ma		
article i Initial o article	RGANIZATIONAL MEETING AN	D AS PROVI	
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ARTICLE Name and Tit Address	PRGANIZATIONAL MEETING AND INTITIAL OFFICERS AND/OR DITION GAYON D. DUNN 6151 MIRAMAR PARKWAY SUITE 310 MIRAMAR, FL 33023 le: GAYON DUNN	D AS PROVI	PRESIDENT TREASURER
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ARTICLE Name and Tit Address Name and Tit Address	PRGANIZATIONAL MEETING AND INTITIAL OFFICERS AND/OR DID GAYON D. DUNN 6151 MIRAMAR PARKWAY SUITE 310 MIRAMAR, FL 33023 GAYON DUNN 6151 MIRAMAR PARKWAY SUITE 310 MIRAMAR, FL 33023 MIRAMAR, FL 33023 MIRAMAR, FL 33023 MIRAMAR, FL 33023 DANIEL WILLIAMS	D AS PROVI	PRESIDENT TREASURER
ARTICLE Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DID GAYON D. DUNN 6151 MIRAMAR PARKWAY SUITE 310 MIRAMAR, FL 33023 GAYON DUNN 6151 MIRAMAR PARKWAY SUITE 310 MIRAMAR, FL 33023	Name and Title: Address: Name and Title: Address:	PRESIDENT TREASURER

Name and Title:	Name and Title:		_		
Address	Address:		-		
			-		
Name and Title:	Name and Title:		-		
Address	Address:		-		
			-		
 			-		
	EGISTERED AGENT				
The name and Florid	street address (P.O. Box NOT acceptable) of the registere	ed agent is:			
	MUND DUNN	·	<u> </u>	5	
Address:	OISI MITAMAR PANKACE, 1 Suite 310, MITAMAR FL 331			MAR	بصوددو
	sute 310, Miramar FL 33	023	255年 255年 255年	20 (
<u>ARTICLE VII</u> IN	ICORPORATOR		. Д. S. Д.	PH 3: 46	Κ.,.
The <u>name and addres</u>	s of the Incorporator is:		声至	<u>+</u>	
Name:	GAYM DUNN		βm	O.	
Address: _	COISI MITAMAT PAUNWEY SUTE 310, MITAMAT FL 332				
	Sute 310, MIRAMAN FL 332)23			
Having been named d certificate, I am famili	is registered agent to accept service of process for the about a registered agent and accept the appointment as registered agent and	ove stated corporation at the place l agree to act in this capacity	designa	ted in ti	his
Gaen	Required Signature of Registered Agent	2/17/15			
1/4	Required Signature of Registered Agent	Date		**	
submit this documen of the Department of S	t and affirm that the facts stated herein are true. I am awa tate constitutes a third degree felony as provided for in s.8 i	re that any false information submit 17.155, F.S.	tted in a	docume	ent
Gayn	Muni	2/17/15			
	Required Signature of Incorporator	Date		-	

ADVANCED CARE SERVICES, INC.

. 305-308-2728

www.advancedcareservices.org. Email: info@advancedcareservices.org

March 9, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

Re: ADVANCED CARE SERVICES INC.

The letters, INC. was inadvertently omitted on the application. Please find the corrected ARTICLES OF INCORPORATION which indicates that this entity is a Corporation.

ADVANCED CARE SERVICES INC has no connection to the administratively dissolved ADVANCE CARE SERVICES LIMITED LIABILITY COMPANY.

I am hereby requesting that the entity be granted corporate status.

Should you have any further questions I can be reached at 305-308-2728.

Sincercly

Notary:

In witness of:

Serda Williams

Notary Public - State of Florida Commission # FF 199083 ly Comm. Expires Feb 15, 2019

GERDA WILLIAMS

Bonded through National Notary Asset



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2015

GAYON D. DUNN 6151 MIRAMAR PARKWAY #310 MIRAMAR, FL 33023

SUBJECT: ADVANCED CARE SERVICES

Ref. Number: W15000012993

We have received your document for ADVANCED CARE SERVICES 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 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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Claretha Golden Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 115A00003751

Division of Comparations D.O. DOV 6207 Tellaharma Florida 2021