

N15000012120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

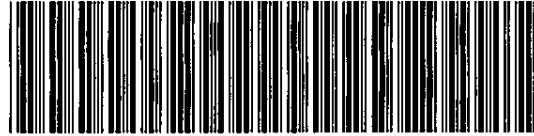
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15 DEC 28 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/29/15  
B

## COVER LETTER

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

**SUBJECT:** BABCOCK AND ASSOCIATES, GROUP 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:** Glorida Babcock  
\_\_\_\_\_  
Name (Printed or typed)  
  
761 Monroe Harbor Place  
\_\_\_\_\_  
Address  
  
Sanford, FL 32773  
\_\_\_\_\_  
City, State & Zip  
  
407 333-5791  
\_\_\_\_\_  
Daytime Telephone number  
  
gloridababcock@hotmail.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

November 12, 2015

GLORIDA BABCOCK  
761 MONROE HARBOR PLACE  
SANFORD, FL 32773

SUBJECT: BABCOCK COUNSELING AND EDUCATIONAL SERVICES INC  
Ref. Number: W15000074437

We have received your document for BABCOCK COUNSELING AND EDUCATIONAL SERVICES INC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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

Letter Number: 715A00023899

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

**ARTICLE I NAME**

The name of the corporation shall be: BABCOCK AND ASSOCIATES, GROUP SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1991 Longwood Lake Mary Road  
Longwood, FL 32750

Mailing address, if different is:  
761 Monroe Harbor Place  
Sanford, FL 32773

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide individual, group and family counseling within the community  
while building strong families. Additional services provided include: educational/in school counseling, tutoring, mentoring to at-risk  
youth and services designated for the homeless, along with informational and referral services providing community support.

**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: Charida Babcock-Director

Address: 460 Harvest Oak Court  
Lake Mary, FL 32746

Name and Title: Glorida Babcock-Director

Address: 761 Monroe Harbor Place  
Sanford, FL 32773

Name and Title: Alfeedia Soloman-Officer

Address: 4963 19th SW  
Naples, FL 34105

Name and Title: Corey Babcock-Officer

Address: 1459 Ferendina Drive  
Deltona, FL 32725

Name and Title: Devon Jones-Stewart-Officer

Address: 460 Harvest Oak Court  
Lake Mary, FL 32746

Name and Title: Gary Hammonds-Officer

Address: 612 Katherine Avenue  
Orlando, FL 32810

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15 DEC 28 PM 1:09  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Glorida Babcock  
Address: 761 Monroe Harbor Place  
Sanford, FL 32773

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REGISTRY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Glorida Babcock  
Address: 761 Monroe Harbor Place  
Sanford, FL 32773

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/20/15  
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

12/20/15  
Date