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04/11/16--01042--005 **78.75

16 HAY 18 PH 1: 23



COVER LETTER

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

CT:	(PROPOSED CORP	ORATE NAME - MUST IN	CLUDE SUFFIX)	
d is an original	and one (1) copy of the Ar	ticles of Incorporation and	a check for:	·
\$70.00	₩ \$78.75	□\$78.75	□ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
				-
FROM:	Juan Rodriguez			
7 1001111	Na	me (Printed or typed)	-	
	3175 South Congress Avenu	e, Suite 306		
		Address	-	
	Palm Springs, FL 33461			計画 国
		City, State & Zip	-	3 19 2 3
	561-503-8661			ing the contract of the contra
			-	7
	Dayt	ime Telephone number		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2016

JUAN RODRIGUEZ 3175 SOUTH CONGRESS AVENUE SUITE 306 PALM SPRINGS, FL 33461

SUBJECT: WE DO RECOVER Ref. Number: W16000027852

We have received your document for WE DO RECOVER 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 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 116A00007768

16 NAY 18 PH 1: 23

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

	the corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		16 HAY 18 PH 1:
	Principal street address:		Mailing address, if different is:
317	75 South Congress Avenue, Suite 306		16 MAY 18 PM 1: Mailing address, if different is: SEO ETARY OF STATI
Pal	m Springs, FL 33461		
ARTICLE II The purpose health disore	TO PURPOSE for which the corporation is organized is: ders and addictions, advocate for prevention a	strive to provide l	nope and healing, for individuals struggling with mental
A DOTAGE AND A DOT			
AKTICLET	W MANNER OF ELECTION The manne	er in which the dire	ctors are elected and appointed: By the President
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		
Name and Ti	INITIAL OFFICERS AND/OR DIRECT	<u>FORS</u> _ Name and Title	Salvatore Lanitieri, Treasurer
<i>ARTICLE V</i> Name and Ti	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>	Salvatore I anitieri Treasurer
ARTICLE V Name and Ti Address	INITIAL OFFICERS AND/OR DIRECT tle: Juan Rodriguez, President 3175 S. Congress Avenue, Suite 306 Palm Springs, FL 33461	<u>FORS</u> _ Name and Title	Salvatore Lanitieri, Treasurer 5708 NW 56 Manor Coral Springs, FL 33067
ARTICLE V Name and Ti Address Name and Ti	INITIAL OFFICERS AND/OR DIRECT tle: Juan Rodriguez, President 3175 S. Congress Avenue, Suite 306 Palm Springs, FL 33461	Name and Title Address: Name and Title	Salvatore Lanitieri, Treasurer 5708 NW 56 Manor Coral Springs, FL 33067
ARTICLE V Name and Ti Address Name and Ti	INITIAL OFFICERS AND/OR DIRECT tle: Juan Rodriguez, President 3175 S. Congress Avenue, Suite 306 Palm Springs, FL 33461 tle: Casimiro Hampton-Crockett, Secretary	TORS Name and Title Address:	Salvatore Lanitieri, Treasurer 5708 NW 56 Manor Coral Springs, FL 33067 Kelvin Crockett, Board Member
ARTICLE V Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR DIRECT tle: Juan Rodriguez, President 3175 S. Congress Avenue, Suite 306 Palm Springs, FL 33461 tle: Casimiro Hampton-Crockett, Secretary 13747 Ishnala Circle	Name and Title Address: Name and Title Address: Address:	Salvatore Lanitieri, Treasurer 5708 NW 56 Manor Coral Springs, FL 33067 Kelvin Crockett, Board Member 201 West Ocean Avenue, #3601
ARTICLE V Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR DIRECT tle: Juan Rodriguez, President 3175 S. Congress Avenue, Suite 306 Palm Springs, FL 33461 tle: Casimiro Hampton-Crockett, Secretary 13747 Ishnala Circle Wellington, FL 33414	Name and Title Address: Name and Title Address: Address:	Salvatore Lanitieri, Treasurer 5708 NW 56 Manor Coral Springs, FL 33067 Kelvin Crockett, Board Member 201 West Ocean Avenue, #3601 Lantana, FL 33465

Name and Title:		Name and Title:			
Address		Address:			
Name and Title:		Name and Title:			
Address		Address:			
ARTICLE VI R	EGISTERED AGENT				
	rida street address (P.O. Box NOT accep	stable) of the registered agent is:			
Name:	Juan Rodriguez		-1		
Address:	3175 S. Congress Avenue, St	e. 306			
	Palm Springs, FL 33461				
			т П		
ARTICLE VII I. The name and add	NCORPORATOR ress of the Incorporator is:	#3601	골 O 		
Name:	Kelvin Crockett		23		
Address:	201 West Ocean Avenue, #3601				
	Lantana, FL 33465				
ARTICLE VIII	FFECTIVE DATE:				
(If an effective dat	her than the date of filing: te is listed, the date must be specific and	(OPTIONAL) d cannot be more than five business days prior or 90 b	ousiness days		
after the filing.)					
	nserted in this block does not meet the apple date on the Department of State's recon	plicable statutory filing requirements, this date will not be rds.	: listed as the		
Having been name	d as registered agent to accept service o	of process for the above stated corporation at the place	designated in this		
		s registered agent and agree to act in this capacity			
- Um	Required Signature of Registered	2/8/16	<u></u>		
•					
i submit this docur to the Department	nent and affirm that the facts stated herei of State constitutes a third degree felony a	in are true. I am aware that any false information submit as provided for in s.817.155, F.S.	ted in a document		
	Required Signature of Incorp	218/1	6		
	Required Signature of Incorp	porator / Pate			