

NIL0000007168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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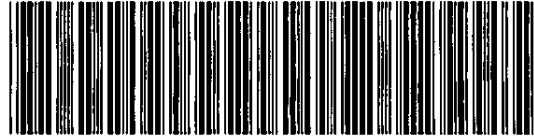
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

National Addiction Treatment Center Alliance Inc.

SUBJECT: _____
(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: Michael Foland

Name (Printed or typed)

1336 Parkway Court

Address

West Palm Beach

City, State & Zip

702-203-0471

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: National Addiction Treatment Center Alliance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1336 Parkway Court

Mailing address, if different is:

West Palm Beach FL. 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide support to anyone affected by addiction.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Voted In

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Foland President

Address: 1336 Parkway Court

West Palm Beach Fl. 33413

Name and Title:

Address:

Name and Title: Rodney Davis Vice President

Address: 5106 3rd road

Lake Worth Fl. 33467

Name and Title:

Address:

Name and Title: Barbara Ferris Director

Address:

Name and Title:

Address:

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Name and Title: _____ Address: _____
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Foland
Address: 1336 Parkway Court
West Palm Beach Fl. 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Foland
Address: 1336 Parkway Court
West Palm Beach Fl. 33413


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

7-10-16
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

7-10-16
Date