

N/16000011450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300291653363

10/31/16--01012--015 \*\*78.75

16 NOV 18 PM 3:50

SECRETARY OF STATE  
CLERK

M. MOON  
NOV 18 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

EYAD ALSABBAGH  
12150 CORTEZ BLVD  
BROOKSVILLE, FL 34613

SUBJECT: AMERICAN DETOX FOR FLORIDA  
Ref. Number: W16000074455

We have received your document for AMERICAN DETOX FOR FLORIDA 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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 316A00023633

16 NOV 13 PM 3:50

SECRET  
TALLAHASSEE  
FLORIDA

16 NOV 13 PM 12:21

## COVER LETTER

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

**SUBJECT:** American detox of Florida

(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:** Dr. Eyad Alsabbagh  
\_\_\_\_\_  
Name (Printed or typed)

12150 Cortez Blvd  
\_\_\_\_\_  
Address

Brooksville, FL 34613  
\_\_\_\_\_  
City, State & Zip

813 468 3094  
\_\_\_\_\_  
Daytime Telephone number

eddiesabbagh@gmail.com

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)

**ARTICLE I NAME**

The name of the corporation shall be: American detox for Florida Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12150 Cortez Blvd  
Brooksville Fl 34613

Mailing address, if different is:  
12150 Cortez Blvd  
Brooksville Fl 34613

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide intensive detoxification services to patients who most needs them.

The Corporation will also provide extensive counseling and psychiatric consultation program.

We will also provide services to veterans and soldiers after trauma to be able to rehabilitees then back to life.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: elected as those with expertise and knowledge in communities detoxification

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

Name and Title: Dania Alaswad, Director

Address: 12150 Cortez Blvd  
Brooksville Fl 34613

Name and Title: Dr. Eyad Alsabbagh, Director

Address: 12150 Cortez Blvd  
Brooksville Fl 34613

Name and Title: Chris Angelo, Director

Address: 11406 N Dale Mabry Hwy  
Tampa, FL 33618

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

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

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

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

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

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

16 NOV 13 PM 3:50

SECRET  
NO FORN DISSEM

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: Dania Alaswad, Director

Address: 12150 Cortez Blvd  
Brooksville Fl 34613

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Eyad Alsabbagh, Director

Address: 12150 Cortez Blvd  
Brooksville Fl 34613

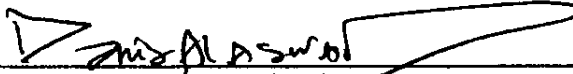
**ARTICLE VIII EFFECTIVE DATE:**

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

10-20-16  
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

10-20-16  
Date

RECEIVED  
STATE  
16 NOV 19 PM 3:50