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(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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COVER LETTER

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

SUBJECT: Florida Peer Support

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: Suzanne Litherland
Name (Printed or typed)

Teal Lane
Address

Tallahassee, Florida 32308

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)

The name of the corporation shall be: Florida	Peer Support Associat	ion, Inc			
ARTICLE II PRINCIPAL OFFICE	• 1				
Principal <u>street</u> address:	Mailing	Mailing address, if different is:			
Tallahassie, Florida 3230	98				
ARTICLE III PURPOSE The purpose for which the corporation is organized is	·		٠,		
including such purposes, the making o	Edistributions to organize	tions that que	lityasex	empt	
Organizations under section 501 Corresponding Section of any fute	(c)(3) of the Internal 19	evenue Code, o	1 the		
			2014 HSS	DCIAL. how	
Loc's purpose is to provide	education to peer S.	apporters.			
ARTICLE IV MANNER OF ELECTION Then A'S Provided for in the	Byraws.	I and appointed:		 -	
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS	ALLA	13 8FE		
Name and Title: Class JH Ortiz	Name and Title:		-E8 -E	, . 1	
Address 1521 Jacks Drive	Address:	SEE.	<u>.</u>		
Tallahassee, Florid	<u></u>		- 15 - 35		
323	01	RD.		<i>a</i>	
Name and Title: Eric Beck	Name and Title:		_	4)	
Address 3018 Patrick Pla					
Clearwater, Florida			_		
33759			_		
Name and Title: Nathan Bastord	Name and Title:		_		
Address 735 E. Park Avenu	1 & Address:		_		
Tallahasse Floric	<u> </u>		_		
32301			_		

Name and Title		Name and Title			
		Name and Title:			
Address		Address:		-	
			_	_	
			·	-	
Name and Title:		Name and Title:		_	
Address		Address:		_	
			-	_	
			 	-	
ARTICLE VI REGISTERE	D AGENT				
The name and Florida street ac	Idress (P.O. Box NOT accep				
Name: SUZGr	ne Litherland	<u> </u>			
Address: 449	Teal Lane				
Talla	hasser, Florida	32308			
	,		TA	~	
ARTICLE VII INCORPORA The name and address of the In-			LLA Civil	FEB F	:.
	one Litherland		TAI HASS	F1L B 23	•
	Ted lane			PM	•
	hassen Floride 3		ET.0	5.	
	•		RIDA RIDA	~ ~	
ARTICLE VIII EFFECTIVE Effective date, if other than the	DATE: date of filing: 02 16	2018 . (OPTIONAL		Y.	,
(If an effective date is listed, th	ie date must be specific and	d cannot be more than five days p.	rior or 90 days afte	r the filing.)	
Note: If the date inserted in this	s block does not meet the ani	plicable statutory filing requirements	this date will not b	e listed as the	
document's effective date on the	Department of State's recor	rds.	, ma date will not o	e nated as the	
Havina hoon named as registers	and mount to account coming of	of process for the above stated corp	anation at the place	donton and die de	
certificate, I am familiar with an	nd accept the appointment as	registered agent and agree to act in	this capacity	aesignatea in in	us
on zanne to	therland		February	16 2018	
Requ	ired Signature of Registered	Agent	He bruggy Day	- * * '0	
		n are true. I am aware that any fals is provided for in s.817.155, F.S.	e information submi	tted in a docume	nt
Con Ji	hall. I	,	Talatura	11 200)
- Orzune list	Required Signature of Incorp	orator	Hebrua (V	110,0018	