

N18000003600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

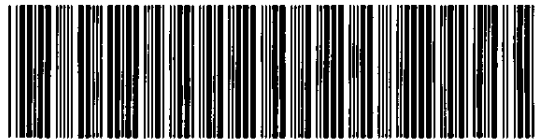
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2018 MAR 30 PM 3:52  
TALLAHASSEE, FLORIDA  
2018 MAR 30 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 30 2018

K. Brumbley

## COVER LETTER

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

SUBJECT: My Rehab.org 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: Stanley Hough  
Name (Printed or typed)

5065 200th Trail North  
Address

Loxahatchee, Fl. 33470  
City, State & Zip

561-333-7256  
Daytime Telephone number

livewireproduction@hotmail.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: My REHAB. Org Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

5065 200th Trail North  
Loxahatchee, Fl. 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To help rehabilitate people caught in the  
trap of drug & alcohol abuse, homelessness  
and ~~help~~ re-habilitation.  
all types of

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: appointed by President

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

Name and Title: Stanley Hough, President/Co-founder

Address: 5065 200th Trail N.

Loxahatchee, Fl.  
33470

Name and Title: Melissa Hough / CEO/co-founder

Address: 5065 200th Trail N.

Loxahatchee, Fl.  
33470

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR 30 PM 4:42

FILED

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: Melissa ~~Stanley~~ Hough

Address: 5065 200th Trail North  
Loxahatchee, Fl. 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stanley Hough

Address: 5065 200th Trail North  
Loxahatchee, Fl. 33470

**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 days prior or 90 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

Melissa Hough  
Required Signature of Registered Agent

3-30-18  
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.

Stanley Hough  
Required Signature of Incorporator

3-30-18  
Date