

N18000004996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

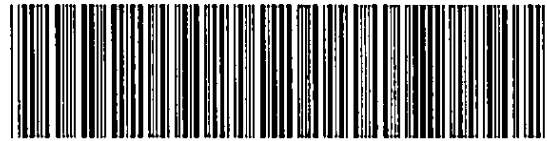
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ALL VASSAL FLORIDA

18 MAY -2 PM 2:51

COVER LETTER

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

SUBJECT: INSTITUTE OF ALTERNATIVE PSYCHIATRY, 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: ELI KOLP
Name (Printed or typed)

1604 3RD STREET CIRCLE EAST
Address

PALMETTO, FL 34221-4285
City, State & Zip

727-798-8379
Daytime Telephone number

DRKOLP@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:

INSTITUTE OF ALTERNATIVE PSYCHIATRY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3010 EAST 138TH AVENUE

SUITE 8

TAMPA, FL 33613

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purposes of this not-for-profit corporation are:

- 1) to conduct scientific research of psychiatric alternative therapies,
- 2) to provide alternative therapies for treatment of mental disorders, addictive illnesses and psychological issues, and
- 3) to engage in educational and other charitable activities benefiting individual and societal mental health.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as provided for in byl.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KOLP, ELI - P/D Name and Title:

Address: 1604 3RD STREET CIRCLE EAST Address:

PALMETTO, FL 34221

Name and Title: SYLVESTER, MARK - VP/D Name and Title:

Address: 6411 95TH STREET EAST Address:

BRADENTON, FL 34202

Name and Title: FRIEDMAN, HARRIS - VP/D Name and Title:

Address: 14691 DRAWDY ROAD Address:

FT. MYERS, FL 33905

18 MAY - 2 PM 2:51
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/01 BY 60322 UCBAW

Name and Title:	SPooner, BERNARD - T/D	Name and Title:	
Address	703 HUXLEY PLACE	Address:	
	SUN CITY CENTER, FL 33573		
Name and Title:	ZAPPIN, DONNA - S/D	Name and Title:	
Address	2284 PHILIPPINE DRIVE, #59	Address:	
	CLEARWATER, FL 33763		

ARTICLE VI REGISTERED AGENT

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

Name: ELI KOLP

Address: 1604 3RD STREET CIRCLE EAST

PALMETTO, FL 43221-4285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELI KOLP

Address: 1604 3RD STREET CIRCLE EAST

PALMETTO, FL 43221-4285

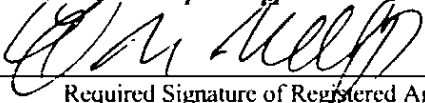
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 01, 2018. (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


Required Signature of Registered Agent

04/30/2018

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

04/30/2018

Date

FILED
18 MAY -2 PM 2:51
TALLAHASSEE, FLORIDA