

N190000000733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

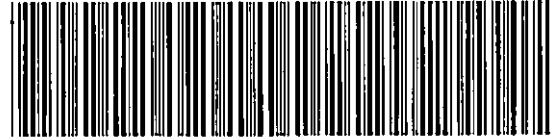
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19 JAN 23 AM 9:00

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2019 JAN 23 AM 11:44

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U.S. DEPARTMENT OF THE TREASURY  
INTERNAL SECURITY DIVISION  
WASHINGTON, D.C. 20540

COVER LETTER

file 2nd

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

SUBJECT: Florida Family Therapy Alliance, 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: Larry D. Barlow  
Name (Printed or typed)

2882-1 Mahan Drive  
Address

Tallahassee, FL 32308  
City, State & Zip

(850) 681-3639  
Daytime Telephone number

Larry. Barlow @ Capella.edu  
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: Florida Family Therapy Alliance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2888-1 Mahan Drive

Tallahassee, FL 32308

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote the interests and to  
align chapters of members who are psychotherapists  
in Florida who have an interest a professional  
interest in relational therapy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: All voting  
members shall elect annually by majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tyon Hall, President

Address: 2888-1 Mahan Dr

Tallahassee, FL

32308

Name and Title: Steve Walz, Treasurer

Address: 1265 Waverly Rd

Tallahassee, FL

32312

Name and Title: Larry Bunker, ED

Address: 2888-1 Mahan Dr

Tallahassee, FL

32308

Name and Title: Michael Alicea, Secretary

Address: PO Box 144448

Coral Gables, FL

33114

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

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

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

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

FILED  
2019 JAN 23 AM 11:45  
TALLAHASSEE, FL 32301

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: Larry O Barlow  
Address: 2888-1 Mahan Dr  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Larry O Barlow  
Address: 2888-1 Mahan Dr  
Tallahassee, FL 32308

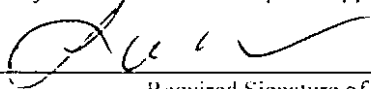
**ARTICLE VIII EFFECTIVE DATE:**

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*

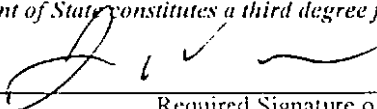


Required Signature of Registered Agent

1-16-19

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

1-16-19

Date

FILED  
2019 JAN 23 AM 11:45  
TALLAHASSEE, FL 32308

Affidavit  
January 21, 2019

I affirm that we will not restart the Florida Association for Marriage and Family Therapy.

Larry Barlow

Print Name

Larry Barlow Executive Director

Signature

State of Florida

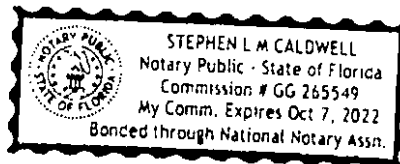
County of Leon

I HERBY CERTIFY that on this day before me, an office duly qualified to take acknowledgements, personally appeared Larry Barlow who is personally known to me or who has produced FLDL # BL40534182100 as identification and who executed the foregoing instrument and he/she acknowledge before me that he/she executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 21 day of January 2019

[Signature]  
Notary Public

Printed Name



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2019 JAN 23 AM 11:45  
NOTARY PUBLIC