

N23000014029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

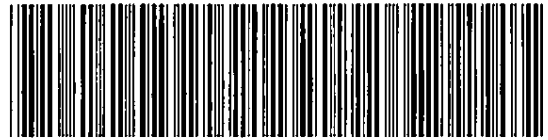
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300418721583

11/13/23--01045--002 **78.75

11/13/23--01045--003 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL 09102

23 NOV 13 PM 10:24

FILED

COVER LETTER

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

SUBJECT: Panhandle Behavioral Services, 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: Charles Brent Martin
Name (Printed or typed)

1229 Airport Rd.
Address

Panama City, FL 32405
City, State & Zip

850-216-6770 Ext. 1
Daytime Telephone number

bmartin@pbsabaf1.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

23 NOV 13 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC into
non profit

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
Non Profit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. 607.1115, Florida Statutes.
Non Profit

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Panhandle Behavioral Services, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/6/2015
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

Panhandle Behavioral Services, Inc.
Enter Name of Florida ~~Profit~~ Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: 1/1/2024
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

23 NOV 13 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Signed this 27th day of October, 2025

^{Non-Profit}
Required Signature for Florida ~~Profit~~ Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: [Signature]
Printed Name: Charles Brent Martin Title: President & CEO

Required Signature(s) on behalf of Other Business Entity: (See below for required signature(s).)

Signature: [Signature]

Printed Name: Charles Brent Martin Title: AMBA

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
23 NOV 13 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
in compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Panhandle Behavioral Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1229 Airport Rd.
Panama City, FL 32405

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: established within the meaning of IRS Publication 557 Section 501(c)(3) organization of the Internal Revenue Code of 1986. The Corporation shall be operated exclusively for/to the purpose of establishing, expanding, and maintaining access to evidence-based behavioral health services for families located in northwest Florida. The properties and assets of the Corporation are irrevocably dedicated to and for non-profit purposes only. No part of the net earnings, properties, or assets of this Corporation, on dissolution or otherwise, shall inure to the benefit of any person or any member, director, or officer of this Corporation. On liquidation or dissolution, all remaining properties and assets of the Corporation shall be distributed and paid over to an organization dedicated to non-profit purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: new board members shall be approved by simple majority at the board meeting immediately preceding the beginning of the next fiscal year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Brent Martin / President ^{CEO}

Address: 198 Escanaba Ave.
Panama City Beach, FL 32413

Name and Title: Kerry Conde / Chair of the Board

Address: 21 Woodland St.
Lake Ronkonkoma, NY 11779

Name and Title: Claire Ellis / Secretary

Address: 4828 Harborx Oaks Way
Virginia Beach, VA 23455

Name and Title: Ann Wing / Treasurer

Address: 1311 New York Ave
Lynn Haven, FL 32444

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
NOV 13 PM 10:24
CLERK OF DISTRICT COURT
JANUARY OF 2011
CLERK OF DISTRICT COURT

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: Charles Brent Martin

Address: 198 Escanaba Ave.

Panama City Beach, FL 32413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Brent Martin

Address: 198 Escanaba Ave.

Panama City Beach, FL 32413

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2024 (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

10/27/23
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

10/27/23
Date

FILED
23 NOV 13 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA