# N23000014693

| (Requestor's Name)                      |
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| (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: |
| Openiar mandations to 1 ming officer.   |
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Office Use Only



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11/27/23--01027--001 \*\*70.00

Article III: The specific purpose or purposes for which the corporation is organized. A general statement of "any and all lawful business" will not be sufficient.

Article IV: The manner in which the Directors are elected or appointed.

Article V: The names, address and titles of the Directors/Officers (optional) When naming Directors, 3 must be listed. The names of officers/directors may be required to apply for a license, open a

bank account, etc.

Article VI: The name and Florida street address (P.O. Box NOT acceptable) of the initial Registered Agent. The Registered Agent must sign in the space provided and type or print his/her name below signature accepting the designation as Registered Agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

> The "incorporator" is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.

An Effective Date: Add a separate article if applicable or necessary: An effective date may be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) days prior to the date of receipt or ninety (90) days after the date of filing).

# Important Information About the Requirement to File an Annual Report

All Florida Not- For-Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$61.25. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org.

### The fee for filing a not for profit corporation is:

Filing Fee \$35.00 Designation of Registered Agent \$35.00

Certified Copy (optional) \$8.75 (plus \$1 per page for each page over 8, not to exceed a

maximum of \$52.50).

Certificate of Status (optional) \$8.75

(Make checks payable to Department of State)

Mailing Address: Street Address: Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

(850) 245-6052

Department of State Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(850) 245-6052

# **COVER LETTER**

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

| ed is an original a |                            |                             |                |
|---------------------|----------------------------|-----------------------------|----------------|
|                     | and one (1) copy of the Ar | ticles of Incorporation and | a check for :  |
| ☑ \$70.00           | □ \$78.75                  | □\$78.75                    | □ \$87.50      |
| Filing Fee          | Filing Fee &               | Filing Fee                  | Filing Fee,    |
|                     | Certificate of             | & Certified Copy            | Certified Copy |
|                     | Status                     |                             | & Certificate  |
|                     |                            | ADDITIONAL CO               | PY REQUIRED    |
| FROM:               | Doniele Hobbs              | me (Printed or typed)       |                |
|                     | 144                        | me (Franca of typea)        |                |
|                     | 2514 Perryton Dr. #320     | 3                           |                |
|                     |                            | Address                     | _              |
|                     | Dallas, TX 75224           |                             |                |
|                     | <u>-</u>                   | City, State & Zip           | -              |
|                     |                            |                             |                |
|                     | 469-653-7746               |                             |                |

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

E-mail address: (to be used for future annual report notification)

donieleusa@yahoo.com

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

| <u>ARTICLE</u>                                 | II PRINCIPAL OFFICE  |  |  |                 |
|--|--|--|--|-----------------|
| 3  | Principal <u>street</u> address:<br>322 Calliope Street  |  | Mailing address, if different is:  |                 |
| <u> </u>                                       | Dcoee, FL. 34761   |  |  |                 |
| ARTICLE The purpos                             | III PURPOSE se for which the corporation is organized is:  | clusively for ch                                       | naritable, and educational purpose   | s specifically  |
| our orgin                                      | nazation Mental Health Ally is a non-pro   | ofit dedicated to                                      | supporting families and individua  | Is experiencing |
| mental h                                       | lealth crises. We seek to ensure that th   | ose in need ha   | ve access to local resources and   | assistance      |
| reducing                                       | the necessity of police intervention.Up  | on termination   | or dissolution of S.A.M Project Ind  | cany assets     |
| lawfully a                                     | avaiable for distribution shall be distribu  | ited to one (1)  | or more qualifying organizations d   | escribed in     |
| section 5                                      | 501 (c) (3) of the internal revenue Code   | of 1986 which  | organization have a charitable pu  | irpose which, a |
| least ge                                       | nerally includes a purpose similar to the  | e termination o  | r dissolving corporation.  |                 |
|  |  |  |  |                 |
| in the B                                       |  | er in which the dire                                   | ectors are elected and appointed:  | vided for       |
|  | Bylaws.  |  | As procetors are elected and appointed:  | vided for       |
| in the B                                       | Bylaws.  | rors   | ectors are elected and appointed:  |                 |
| in the B                                       | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT  | rors   | ectors are elected and appointed:  | dent            |
| in the B                                       | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT  Title: Joanne Celestin Vice Presiden  | <i>TORS</i><br>t_ Name and Title                       | Jean McGianni Celestin Presic  | dent<br>9       |
| in the B                                       | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT  Title: Joanne Celestin Vice Presiden  1899 Twin Lake Drive  | <i>TORS</i><br>t_ Name and Title                       | Jean McGianni Celestin Presid  | lent            |
| in the B  ARTICLE  Name and  Address           | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT  Title: Joanne Celestin Vice Presiden  1899 Twin Lake Drive  | <i>TORS</i><br>t_ Name and Title                       | Jean McGianni Celestin Presidada Stuyvesant Ave  Brooklyn, NY 11233  | lent<br>9       |
| in the B  ARTICLE  Name and  Address           | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT  Title: Joanne Celestin Vice Presiden  1899 Twin Lake Drive  Gotha, FL 34734   | TORS  Name and Title Address:                          | Jean McGianni Celestin Presidada Stuyvesant Ave  Brooklyn, NY 11233  | dent<br>9       |
| in the B  ARTICLE  Name and  Address           | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT Title: Joanne Celestin Vice President 1899 Twin Lake Drive Gotha, FL 34734  Title: Jean-Guy Celestin Treasurer   | TORS  Name and Title Address:  Name and Title          | Jean McGianni Celestin Presida 348 Stuyvesant Ave Brooklyn, NY 11233 Rose Marie Celestin Secretary                                   | lent<br>9       |
| in the B  ARTICLE  Name and  Address  Name and | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT Title: Joanne Celestin Vice President 1899 Twin Lake Drive Gotha, FL 34734  Title: Jean-Guy Celestin Treasurer 6911 Lake Williow Dr.                       | TORS  Name and Title Address:  Name and Title Address: | Jean McGianni Celestin Presida 348 Stuyvesant Ave Brooklyn, NY 11233  Rose Marie Celestin Secretary 322 Calliope St. Ocoee, FL 34761 | ent 9: 54       |
| in the B  ARTICLE  Name and  Address  Name and | Bylaws.  V INITIAL OFFICERS AND/OR DIRECT Title: Joanne Celestin Vice President 1899 Twin Lake Drive Gotha, FL 34734  Title: Jean-Guy Celestin Treasurer 6911 Lake Williow Dr. New Orleans, LA 70126 | TORS  Name and Title Address:  Name and Title Address: | Jean McGianni Celestin Presida 348 Stuyvesant Ave Brooklyn, NY 11233  Rose Marie Celestin Secretary 322 Calliope St. Ocoee, FL 34761 | ent 9:54        |

| Name and T                       | itle: Kelly Cariether Davis Board  | of Directorme and Title:  |
|----------------------------------|--|---|
| Address                          | 4151 Lofty Didgo DI  | Address:  |
|                                  | Morrisville, NC 27560  |   |
|                                  |  |   |
| Name and T                       | itle:  | Name and Title:   |
| Address                          |  | Address:  |
|                                  |  |   |
|                                  |  | <del></del>   |
|                                  |  |   |
| ARTICLE V                        | T REGISTERED AGENT   |   |
|                                  | d Florida street address (P.O. Box NO  | T acceptable) of the registered agent is:   |
| Name:                            | Joanne Celestin  |   |
| Address:                         | 1899 Twin Lake Drive   |   |
|                                  | Gotha, FL 34734  |   |
|                                  |  |   |
| ARTICLE V.<br>The <u>name an</u> | II INCORPORATOR d address of the Incorporator is:                                      |   |
| Name:                            | Joanne Celestin  |   |
| Address:                         | 1899 Twin Lake Drive   |   |
|                                  | Gotha, FL 34734  |   |
| ARTICLE V                        | HI EFFECTIVE DATE:   |   |
|                                  | e, if other than the date of filing:   | . (OPTIONAL)  |
|                                  |  | cific and cannot be more than five days prior or 90 days after the filing.)   |
| Note: If the odocument's c       | date inserted in this block does not mee<br>ffective date on the Department of Stat    | t the applicable statutory filing requirements, this date will not be listed as the s's records.                          |
| Having been                      | named as registered agent to accept s  | ervice of process for the above stated corporation at the place designated in   |
| сетукате, т и                    | m jumiliar with and accept the appoint   | ment as registered agent and agree to act in this capacity  |
|                                  | Joanne Celestin <sup>Celes</sup>   | in 2023.11 21 13:54:53 -05'00' 11/21/2023 +   |
|                                  | Required Signature of Reg  | istered Agent Date  |
| l submit this a<br>the Departme  | locument and affirm that the facts state<br>nt of State constitutes a third degree fel | t herein are true. I am aware that any false information submitted in a documen<br>ony as provided for in s.817.155, F.S. |
|                                  | Joanne Celestin Celestin   | 44 104 10000  |
| <del></del>                      | Required Signature o   | 155:34 0500 11/21/2023 Date   |