

# N95000001461

## TRANSMITTAL LETTER

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

300001440803  
-03/27/95--01105--010  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: Personal Growth Specialists 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

Rose-Anesta Bothwell Roney  
Name (Printed or typed)

9605W 100th terrace  
Address

Pembroke Pine FL 33025  
City, State & Zip

(305) 433-8182  
Daytime Telephone number

FILED STATE  
DIVISION OF CORPORATIONS  
05 MAR 27 AM 10:12

3-28

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

# ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:12

*The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:*

## ARTICLE I

### Name

The name of the corporation shall be:

Personal Growth Specialists Inc.

## ARTICLE II

### Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

Principal Place of business < 7515 OAKLAND PARK BLVD  
LAUDERHILL FL.

Mailing ADDRESS < 960 SW 100 Terrace  
Pembroke Pines FL 33025

## ARTICLE III

### Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

Human Service programs and assistance.

## ARTICLE IV

### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Method of Election of Directors will be  
STATED in the Bylaws

Filing Fee: \$70.00

**ARTICLE V**

**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI**

**Initial registered agent and street address**

The name and the street address of the initial registered agent is:

ROSE - ANESTA Bothuell RODNEZ  
960 SW 100 terrace  
Pembroke Pines FL 33025

**ARTICLE VII**

**Incorporators**

**See instructions for officers/directors**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

ROSE ANESTA RODNEZ  
960 SW 100 terrace  
Pembroke Pines FL 33025

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23 day of MARCH, 1995.

Signature(s) of Incorporator(s):

Rose Anesta Bothuell Rodnez ROSE - ANESTA Bothuell RODNEZ  
Typed name of incorporator signing

\_\_\_\_\_  
Typed name of incorporator signing

\_\_\_\_\_  
Typed name of incorporator signing

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

1. The name of the corporation is:

Personal Growth Specialists Inc.  
(must include suffix)

2. The name and address of the registered agent and office is:

Rose Anasta Bothwell Ramez  
(Name)

960 SW 100 terrace

(Street address - P. O. Box not acceptable)

Pembroke Pines FL 33025

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate, I hereby accept the  
appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete perfor-  
mance of my duties, and I am familiar with and accept the obligations of my position  
as registered agent.*

Rose Anasta Bothwell Ramez  
(Signature)

3-23-95

(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 23 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000007421

Corporation Name  
**PERSONAL Growth Specialists, Inc.**

Principal Place of Business Mailing Address  
**2741 W. Broward Blvd  
Ft Lauderdale Florida 33312**

**REINSTATEMENT** *96*

If above addresses are incorrect in any way, write through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date Incorporated or Outlined To Do Business in Florida <b>MARCH 28, 1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number <b>650585950</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	4 City / State / Zip
(P.D.)	President <b>Rose Anesta Rodnez</b>	<b>960 SW 100 Terrace Pembroke Pines</b>	<b>FL 33025</b>
Vice President	<b>Jerome Simpson</b>	<b>960 SW 100 Terrace Pembroke Pines</b>	<b>FL 33025</b>
(D)	<b>Pierrette Bothwell</b>	<b>15824 Plainview</b>	<b>Detroit MI 48223</b>
6000002038946--U -12/27/96--01038--007 ****256.25 ****256.25 <i>JB12-23-96</i>			

8 Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ROSE ANESTA RODNEZ**  
**2741 W. Broward**  
**FT LAUDERDALE FL 33312**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Rose Anesta Rodnez* Date **Nov 14, 1996**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Rose Anesta Rodnez* Date **11/14/96** 327-8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/95)