

N98000000014

Requestor's Name

10 max
708 M.E. 18th St
Delray Beach FL 33444
19

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cea Max Human Services, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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****122.50 ****122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W97-28544



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 23, 1997

MICHAEL LOMAX
108 NE 18TH STREET
DELRAY BEACH, FL 33444

SUBJECT: CEA MAX HUMAN SERVICES, INC.
Ref. Number: W97000028544

We have received your document for CEA MAX HUMAN SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 997A00060195

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**CERTIFICATE OF INCORPORATION
of
CEA MAX HUMAN SERVICES, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Under Section 617.01011 of the Florida Not For Profit
Corporation Act

The undersigned, desiring to form a corporation pursuant to the Florida Not for Profit Corporation Act, does hereby make, subscribe, and acknowledge this certificate as follows:

1. NAME. The name of the Corporation shall be Cea Max Human Services, Inc.
2. PRINCIPAL OFFICE. The address of the principal office shall be 108 NE. 18th Street, Delray Beach, Florida 33444.
3. PURPOSES. The purposes for which the Corporation is organized are:

Nonprofit Purpose. The Corporation is formed exclusively for purposed for which a corporation may be formed under the Florida Not for Profit Corporation Act and not for pecuniary profit or financial gain. No part of the assets, income, or profit of the Corporation shall be distributable to, or inure to the benefit of, its members, directors or officers except to the extent permitted under the Florida Not for Profit Corporation Act. The Corporation shall not engage in any activities which would constitute a regular business of a kind ordinarily carried on for profit.

General Purposes:

(a) To promote and foster the understanding and use of counseling principles and techniques for reestablishing emotional and social adjustment, for the attainment of vocational and rehabilitation guidance, and for analysis and remedial reeducation of persons with societal disorders and difficulties.

(b) To cooperate with local and national organizations engaged in the field of counseling.

(c) To promote the exchange of ideas among others engaged in the work of counseling.

(d) To operate and maintain a counseling service to carry out and fulfill the foregoing.

(e) To do and perform any act, which is not inconsistent with section 617.0202 of Florida Not for Profit Corporate Act.

4. REGISTERED AGENT. The Corporation designates Michael Lomax, who resides at 108 NE 18th Street, Delray Beach, Florida 33444, its registered agent in this state upon whom process against the Corporation may be served.

5. INCORPORATOR. The incorporator of this Corporation is Michael Lomax whose address is 108 NE. 18th Street, Delray Beach, Florida 33444.

6. DIRECTORS. The method of election of directors of the Corporation shall be as stated in the bylaws of the Corporation.

7. DISTRIBUTION UPON DISSOLUTION OR TERMINATION. Upon dissolution or termination of the Corporation, all assets which may be distributed shall be distributed to a Non-profit Corporation with the same or similar purposes.



Michael Lomax, Incorporator

Dec. 28, 1997

To: Division of Corporations

Subject: CEA MAX HUMAN SERVICES, INC.

Letter Number: 997A00060195

My name is Michael Lomax, and I am the registered agent for CEA MAX HUMAN SERVICES INC.. I hereby am familiar with and accept the duties and responsibilities of Registered Agent. My telephone number is (561) 274-6551. My address is 108 N.E. 18th St., Delray Beach Florida 33444.


Michael Lomax, Registered Agent

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TALLAHASSEE, FLORIDA