# N9800006016 TRANSMITTAL LETTER

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

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SUBJECT: T. FRANCIS COMPLENTY CONTENTS (Proposed corporate name - must include soffix)

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		\$131.25 Filing Fee, Certified Copy & Certificate
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FROM:	· · · · · · · · · · · · · · · · · · ·	on x	. Pousie	er e
		Name	(Printed or typed)	
		214 S.	E. S.S.	CEET
		LT. Ls	UDEROS	<u>l= FL</u> 33316
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		954/	779.288	7
	•	Daytime	Telephone number	<u></u>

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

#### **AFFIDAVIT**

I, JOHN N. GOUDIE, OF 214 S.E. 13<sup>TH</sup> STREET, FT. LAUDERDALE, FLORIDA DO HEREBY STATE AND AFFIRM THAT I HAVE THIS DATE FILED WITH THE DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, STATE OF FLORIDA - ARTICLES OF DISSOLUTION FOR MY "CORPORATION FOR PROFIT" - ST. FRANCIS COMMUNITY CENTER, INC.

THIS SAME DATE I HAVE FILED ARTICLES OF INCOMPORATION PURSUANT TO CHAPTER 617, FLORIDA STATUTES, FOR A "NONE PROFIT CORPORATION", THE NAME AND ADDRESS BEING IDENTICAL AS THE FORMER - ST. FRANCIS COMMUNITY CENTER, INC.

I FURTHER AFFIRM THAT MY INTENTIONS ARE HONORABLE, AND THAT I SHALL NOT, UNDER ANY CIRCUMSTANCES, REFILE ANOTHER CORPORATION FOR PROFIT USING THE NAME OF ST. FRANCIS COMMUNITY CENTER, INC. NOR ANY OTHER NAME IF FOR THE SAME BUSINESS ENTITY.

U,

N. GOUDIE

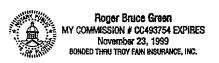
STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER DULY AUTHORIZED IN THE STATE AND COUNTY AFORESAID TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED JOHN N. GOUDIE, TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FOREGOING INSTRUMENT AND WHO ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THE SAME

OCTOBER 16, 1998

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS 16<sup>TH</sup> DAY OF OCTOBER, 1998.



#### ARTICLES OF INCORPORATION

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:

St. Francis Consuming Causes Tic

(A NOWPROKIT CONPORTION)

Principal place of business and mailing address

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

214 S.E. 13 STREET

fr. Lausensale FL. 33316

#### ARTICLE III

Purpose(s)

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

TO PROVIDE YENRY SEREN THERRY (PSYCHOTHERRY);

PRODUCTION COUNSELVE; GENRING, EARLY &

PEDIATRIC COUNSELVE & THERRY; COMMUNITY

EDUCATION - WITH OUT PROTERT DUO OR

PRATITIC HOSPITALIZATION PROGRAMS

#### ARTICLE IV

#### Manner of election of directors

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

By MA VORMY VOTE OR SHAREholoERS

#### ARTICLE V

#### Limitation of corporate powers

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

La Lingingrious

#### ARTICLE VI

#### Initial registered agent and street address

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

VONN N. COULDIE 214 S.E. 13 STREET FT. LAUDENOSLE FLA. 33316

### ARTICLE VII Incorporators

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

Vorm N. Gouors
2145.E.13 STREET
FT. LAUDENDALE

FLQ 33316

Signature of Incorporator:

Typed name of incorporator signing



## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:
St. Lessues Consumum Course for (must include suffix)
(must include suffix)
(A NON Proces Corporasion)
2. The name and address of the registered agent and office is:
Voya V. Fourse
(IVALVE)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
FT. LOUISENDELE, FL. 33316 (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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)