

TRANSMITTAL LETTER

N99000001346

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

SUBJECT: ST. MARY'S COMMUNITY MENTAL HEALTH CENTER,
(Proposed corporate name - must include suffix)

600002794286--5
-03/04/99--01047--001
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

RECEIVED

99 MAR -4 PM 12:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME:

FRANKLIN BRANCH
Name (Printed or typed)

626 E. 39TH ST
Address

Honolulu, TX 770
City, State & Zip

(713) 953-0939
Daytime Telephone number

99 MAR -4 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

T. SMITH MAR 04 1999

ARTICLES OF INCORPORATION
OF

St. Mary's Community Mental Health Center, Inc.

The undersigned natural person of the age of (18) years or more acting as Incorporator of a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE ONE

The name of the corporation is St. Mary's Community Mental Health Center, Inc.

ARTICLE TWO

The corporation is a non-profit corporation.

ARTICLE THREE

The period of its duration is perpetual.

ARTICLE FOUR

The purpose for which the corporation is organized are as follows, including but not limited to:

1. Said corporation is organized exclusively for charitable, medical, religious, educational, and scientific purposes including, for such purposes, the making of distributions to organizations that qualify as exempt under section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
2. To provide hospice care, outpatient care, and intensive residential treatment services for indigent persons with severe addictive behavior disorders resulting from substance or alcohol abuse and other chronic mental health disabilities.
3. Notwithstanding any other provision of these Articles of Incorporation, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from taxation under Section 501(c)(3) of the IRS Code and its Regulations as they now exist or may be amended.

ARTICLE FIVE

No part of the net earnings of the nonprofit corporation shall insure to the benefit of or be distributed to its members, trustees, officers or other private persons with the exception that the corporation is empowered to pay necessary and reasonable compensation and expenses for services rendered and to make payments and distributions in furtherance of the corporation's purposes as set forth in Article IV hereof. The corporation's primary purpose shall not be used for the promotion of propaganda including but not limited to, lobbying or influencing legislation and the corporation, however, may engage in legislative activities to the extent permitted by law. Furthermore, the corporation shall not engage in activities which are disallowed under section 501(c)(3) of the IRS Code and its regulations as they now exist or may hereinafter be amended. The corporation is organized pursuant to the Florida Non-Profit Corporation Act and does not contemplate pecuniary gain or profit and is solely organized for nonprofit purposes.

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the IRS Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE SIX

The street address of the initial registered office of the corporation is 4374 Lafayette St., Marianna, FL 32446 and the name of its registered agent at such address is Franklin

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TALLAHASSEE, FLORIDA

ARTICLE SEVEN

The number of directors constituting the initial board of directors of the corporation is three(3). The names and addresses of the persons who are to serve as the initial directors are:

FRANKLIN BRANCH
626 E. 39TH STREET
HOUSTON, TX 77022

VICKI PHILLIPS
10639 CHAPEL HILL
HOUSTON, TX. 77099

DAVID FISHER
7906 LOCKSLEY RD.
HOUSTON, TX 77078

ARTICLE EIGHT

The name and street address of the incorporator is:

FRANKLIN BRANCH
626 E. 39TH STREET
Houston, TX 77022

Franklin Branch 3-4-99
INCORPORATOR DATE

STATE OF FLORIDA §
§
COUNTY OF JACKSON §

BEFORE ME, a notary public, on this day personally appeared FRANKLIN BRANCH known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____ 1999, to certify which, witness my hand and seal of office.

NOTARY PUBLIC IN AND FOR THE
STATE OF FLORIDA

My commission expires _____

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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. MARY'S COMMUNITY MENTAL HEALTH
CENTER, INC.

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

Franklin Branch
(NAME)

4374 LAFALETTE ST
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MARIANNA, FL 3244
(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.

Franklin Branch
(SIGNATURE)

3-4-99
(DATE)

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TALLAHASSEE, FLORIDA