N99000002481

TRANSMITTAL LETTER

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

SUBJECT: **Island Recovery Services Inc.**
(Proposed corporate name - must include suffix)

99 APR 22 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

ADDITIONAL COPY REQUIRED

FROM: **Eric A. Grieb**
Name (Printed or typed)

APR 22 1999

SHARON

100 Claremont Ln #1
Address

Palm Beach Shores Fl 33404
City, State & Zip

561-254-6560
Daytime Telephone number

W99-8631

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

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 12, 1999

ERIC A. GRIEB
100 CLAREMONT LN, #1
PALM BEACH SHORES, FL 33404

SUBJECT: ISLAND RECOVERY SERVICES INC.
Ref. Number: W99000008631

We have received your document for ISLAND RECOVERY SERVICES INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 487-6924.

Sharon Davis
Document Specialist Supervisor

Letter Number: 099A00018358

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Eric Grieb
100 Claremont #1
Palm Beach Shores, FL 33404
561-844-9386
561-254-6560

April 20, 1999

Sharon Davis
Department of State
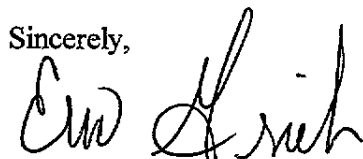Division of Corporations

RE: Ref Number W99000008631

Dear Mrs. Davis,

Enclosed is the re-submission of the Articles of Incorporation for Island Recovery Services Inc.

I hope you will find everything in order.

Thank you.

Sincerely,

Eric Grieb

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I   NAME
The name of the corporation shall be:
Island Recovery Services Inc.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
100 Sandal Lane, Palm Beach Shores, FL 33404

ARTICLE III   PURPOSE(S)
The specific purpose(s) for which the corporation is organized is(are):
To provide housing for recovering alcoholics and drug addicts in a dignified and safe environment. (Mission Statement attached.)

ARTICLE IV   MANNER OF ELECTION OF DIRECTORS
The manner in which the directors are elected or appointed is:
Directors will be appointed as described in the by-laws.

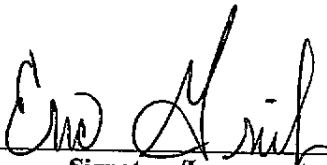## ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Eric Grieb, 100 Claremont #1, Palm Beach Shores, FL 33404

ARTICLE VI   INCORPORATOR
The **name and address** of the Incorporator to these Articles of Incorporation are:
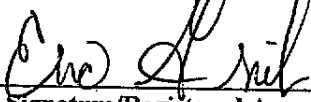**Eric Grieb, 100 Claremont #1, Palm Beach Shores, FL 33404**

_____
Signature/Incorporator

4-20-99
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

4-20-99
Date