

**1990003324**

OFFICE USE ONLY (Document #)

**LAVARUS CORPORATE FILING SERVICE, INC.**  
(Requestor's Name)

**3320 S.W. 87th AVENUE**  
(Address)

**MIAMI, FLORIDA (305)552-5973**  
(City, State, Zip) (Phone #)

**LOCAL REPRESENTATIVE TALLAHASSEE**

OFFICE USE ONLY

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

- RECOVERY AT OCEAN. WAY,**  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

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99 MAY 28 PM 12:50  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

- ☒ Walk in ☒ Pick up time **2:00** ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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-05/28/99--01037--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" 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                                |

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

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

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TALLAHASSEE FLORIDA  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

Examiner's Initials

**ARTICLES OF INCORPORATION  
RECOVERY AT OCEAN WAY, INC  
A NON-PROFIT ORGANIZATION**

**FILED**  
**99 MAY 28 PM 12:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

We, the undersigned, with other persons being desirous of forming a nonprofit corporation, under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

**ARTICLE I**

The name of this corporation is: **RECOVERY AT OCEAN WAY, INC**

**ARTICLE II**

The principal place of business of this corporation shall be **7430 OCEAN TERRACE, MIAMI BEACH, FLORIDA 33140**, and the mailing address shall be the same.

**ARTICLE III**

Said corporation is organization exclusively for charitable, religious, educational, and housing of the disabled, homeless, former addictive individuals within the meaning of section 501( C ) (3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this corporation will not carry any other activities not permitted to be carried on by an organization exempt from Federal Income Tax under Section 501 ( C ) (3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501 ( C ) (3) and 170( C ) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or Local Government for exclusive public purpose.

### **ARTICLE III**

The membership of this corporation shall constitute all persons hereinafter named as officers and directors and such other persons hereinafter named as officers and directors and such other persons as from time to time may become members.

### **ARTICLE IV**

The name and address of the incorporator of these Articles is:

**ALLEN S SCHLOSS**

**7340 OCEAN TERRACE  
MIAMI BEACH, FLORIDA 33140**

### **ARTICLE V**

This corporation is to exist perpetually.

### **ARTICLE VI**

The business of this corporation shall be managed by the Board of Directors. This corporation shall have (5) five directors initially. The number of directors may be increased from time to time by the Bylaws, but shall never be less than three. The Board of Directors shall be elected and hold office in accordance with the Bylaws.

The names and addresses of the persons who are to serve as directors for the ensuing year, or until the first annual meeting of the corporation are:

**ALLEN R SCHLOSS**  
**DIRECTOR/PRESIDENT**

**9240 EMERSON AVENUE**  
**SURFSIDE, FLORIDA 33154**

**MATTHEW S SCHLOSS**  
**DIRECTOR/SECRETARY/TREASURER**

**9240 EMERSON AVENUE**  
**SURFSIDE, FLORIDA 33154**

**JAMES E GLOVER**  
**DIRECTOR/VICE-PRESIDENT**

**7430 OCEAN TERRACE**  
**M BEACH, FLORIDA 33140**

**DR SCOTT SEGAL**  
**DIRECTOR**

**1065 NE 125<sup>TH</sup> STREET # 403**  
**N MIAMI, FLORIDA 33161**

**JACK LEVINE**  
**DIRECTOR**

**16855 NE 2<sup>ND</sup> AVENUE #303**  
**N M BEACH, FLORIDA 33162**

## **ARTICLE VII**

The street address of the initial registered office of this corporation shall be **7430**

**OCEAN TERRACE, MIAMI BEACH, FLORIDA 33140.** The name of the initial registered agent of the corporation at that address is **ALLEN R SCHLOSS.**

IN WITNESS WHEREOF, the undersigned subscribing incorporator, has hereunto set

his hand and seal on this 26 day of May, 1999.

Allen R. Schloss  
ALLEN R SCHLOSS

**ACKNOWLEDGEMENT OF REGISTERED AGENT**

Having been named to accept service of process for the above state corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Allen R. Schloss  
ALLEN R SCHLOSS

STATE OF FLORIDA       )  
                                  )SS:  
COUNTY OF DADE       )

The foregoing instrument was acknowledged before me this 26 day of May 1999, by JACK LEVINE.

FILED  
99 MAY 28 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Jack Levine  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

