

1990005713

TRANSMITTAL LETTER

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

800002994218--4

-09/22/99-01095--003

*****87.50 *****87.50

SUBJECT: Community Counseling Center, Inc.
(Proposed corporate name - must include suffix)

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: Teresa M. Chmelie
Name (Printed or typed)

439 Netherwood Crescent
Address

Altamonte Springs, FL 32714
City, State & Zip

(407) 425-4491
Daytime Telephone number

FILED
99 SEP 22 AM 2:34
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

9-27
WC

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:
Community Counseling Center, Inc.

Article II Principle Office

The principle place of business and mailing address of this corporation shall be:
1148 Juniper Creek Ct.
Altamonte Springs, FL 32714-1820

Article III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):
To render mental health counseling services to children and families in the community.

Article IV Manner of Election of Directors

The manner in which the directors are elected or appointed is:
Majority vote of all officers.

Article V Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:
Corrie Hungerford, LMHC, NCC
1148 Juniper Creek Ct.
Altamonte Springs, FL 32714-1820

Article VI Incorporator

The name and address of the Incorporator to these Articles of Incorporation are:
Teresa M. Chmelir, LMHC
439 Netherwood Crescent
Altamonte Springs, FL 32714-3190
Corrie Hungerford, LMHC, NCC
1148 Juniper Creek Ct.
Altamonte Springs, FL 32714-1820

Teresa M. Chmelir, LMHC
Signature/Incorporator

9-19-99

Date

Corrie Hungerford, LMHC, NCC
Signature/Incorporator

9-19-99

Date

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

Having been named as registered agent and to accept services 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.

Corrie Hungerford, LMHC, NCC
Signature/Registered Agent

9-19-99

Date

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TALLAHASSEE, FLORIDA