

N99000007434

TRANSMITTAL LETTER

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

70000205567-0139
11/29/99-01122-0139
*****87.50 *****87.50

SUBJECT: Breaking Away The Cycle Of Pain, 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: John Sanders, President / Registered Agent
Name (Printed or typed)
P.O. Box 343
Address
Penney Farms, FL 32079
City, State & Zip
904-529-9919
Daytime Telephone Number

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

99 DEC 16 PM 3:15

FILED

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

W-27441
ag 12/1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 1, 1999

JOHN SANDERS
P.O. BOX 343
PENNEY FARMS, FL 32079

SUBJECT: BREAKING AWAY THE CYCLE OF PAIN, INC.
Ref. Number: W99000027441

We have received your document for BREAKING AWAY THE CYCLE OF PAIN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 487-6878.

Alan Crum
Document Specialist

Letter Number: 599A00056854

Breaking Away The Cycle Of Pain, Inc.

ARTICLES OF INCORPORATION

The following Articles were adopted by the directors at a meeting in the city of Green Cove Springs, Florida on the 20th day of September, 1999. These Articles shall govern the business of the organization except as the same may be from time to time abridged or amended.

ARTICLE I NAME

The name of the organization is Breaking Away The Cycle Of Pain, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business for the organization is:

Mailing address: 1107 Middleburg Avenue, Green Cove Springs, Florida 32043
 John Sanders, President
 P.O. Box 343, Penney Farms, FL 32079

The organization may also have offices at such other places as the Board of Directors may from time to time designate.

ARTICLE III PURPOSE(S)

We, Breaking Away The Cycle Of Pain, Inc., believe that education is a cooperative effort between home, school and community. We believe that all children can learn. We will provide a supportive and caring environment that develops self-esteem, motivation, a sense of responsibility and character. We will strive to provide an opportunity for student progress in academics while building the self-esteem and character of each participant.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The directors were appointed on September 20, 1999 in Green Cove Springs, Florida at a meeting of the organization. They are as follows:

John Sanders, President
P.O. Box 343, Penney Farms, FL 32079

Delphine Williams, Treasurer
P.O. Box 44, Penney Farms, FL 32079

John Reese, Vice President
1111 Forbes St., Green Cove Springs, FL 32043

Cynthia Reese, Secretary
8650 Ranchwood Lane, St. Augustine, FL 32092

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The registered agent for the corporation is:

Street & Mailing address: John Sanders, President
 John Sanders
 4415 Haymon Lane, Penney Farms, FL 32079
 P.O. Box 343, Penney Farms, FL 32079


FILED
99 DEC 16 PM 3:16
STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION (Cont'd)

ARTICLE VI INCORPORATOR

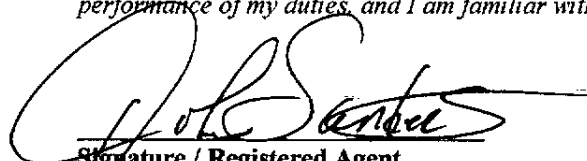
The name and address of the Incorporator of these Articles is:

Street & Mailing address: John Sanders, President
John Sanders
4415 Haymon Lane, Penney Farms, FL 32079
P.O. Box 343, Penney Farms, FL 32079


Signature / Incorporator

12-10-99
Date

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

12-10-99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 16 PM 3:16

FILED