

P00000058929

TRANSMITTAL LETTER

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

900003282829--6  
-06/09/00--01071--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: COMMUNITY COUNSELING CENTER OF ORLANDO, 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Teresa M. Chmelik  
Name (Printed or typed)

355 Lakepointe Dr.  
Address

Altamonte Springs, FL 32714  
City, State & Zip

407-291-8009  
Daytime Telephone number

FILED  
2000 JUN -9 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

bc 6/19

## Affidavit

We, Community Counseling Center, Inc., agree to not revoke the voluntary dissolution of the non-profit corporation and release the name Community Counseling Center of Orlando, Inc. to be filed as a new profit corporation.

Corrie L. Hungerford, LMHC, NCC 6-16-00  
Corrie L. Hungerford, LMHC, NCC Date:  
President

Teresa M. Chmelir, LMHC, NCC 6-16-00  
Teresa M. Chmelir, LMHC, NCC Date:  
Vice-president

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

COMMUNITY COUNSELING CENTER OF ORLANDO, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailing address is:

Business address: 1148 Juniper Creek  
Altamonte Springs, FL 32714

Mailing address: P.O. Box 161585  
Altamonte Springs, FL 32716-1585

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide mental health counseling services

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es)

President	Corrie L. Hungerford	1148 Juniper Creek Ct.
Treasure		Altamonte Springs, FL 32714

Vice-President	Teresa M. Chmelir	355 Lakepointe Dr. #101
Secretary		Altamonte Springs, FL 32714

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the registered agent is:

Corrie L. Hungerford  
1148 Juniper Creek Ct.  
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and street address of the Incorporator is:

Teresa M. Chmelir  
355 Lakepointe Dr. #101  
Altamonte Springs, FL 32701

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Corrie L. Hungerford, CMHC, NCC  
Signature/Registered Agent

6-6-00  
Date

Teresa M. Chmelir, CMHC, NCC  
Signature/Incorporator

6-6-00  
Date

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TALLAHASSEE, FLORIDA