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TRANSMITTAL LETTER

FILED  
01 FEB 26 PM 3:57

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200003748452--2  
-02/23/01--01012--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: BETTER CHOICES FOR MENTAL HEALTH, 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:

Twila Valentine, M.A.  
Name (Printed or typed)

Better Choices  
For Mental Health, Inc., PA  
P.O. Box 59106  
Redington Shores, FL 33708

P.O. Box 59106  
Address

Redington Shores, FL 33708  
City, State & Zip

727/391-9050  
Daytime Telephone number

Twila NOTE: Please provide the original and one copy of the articles.  
AUTHORIZATION BY PHONE TO  
CORRECT SUFFIX  
DATE 2-28-2001  
DOC. EXAM CB

CB 2-28  
W014309

**ARTICLES OF INCORPORATION**

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

**ARTICLES OF INCORPORATION**

**FOR**

**BETTER CHOICES FOR MENTAL HEALTH, INC.**

**ARTICLE I NAME**

The name of the corporation shall be:

**BETTER CHOICES FOR MENTAL HEALTH, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Office: 17715 Gulf Blvd. #724  
Redington Shores, FL 33708

Mailing Address: P.O. Box 59106  
N. Redington Beach, FL 33708

Where business conducted: In the home of the client

**ARTICLE III PURPOSE**

To provide counseling to children and families, couples, groups or any individual seeking counseling for whatever they perceive to be a problem keeping them from living their life(s) to the fullest level possible.

**ARTICLE IV SHARES**

The maximum number of shares of stock that this corporation is authorized to issue and to have outstanding at any one time shall be 500 shares of common stock having a par value of \$1.00.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTINAL)**

The name and address of the initial Director is: Twila J. Valentine, M.A., 17715 Gulf Blvd., #724, Redington Shores, FL 33708.

**ARTICLE VI REGISTERED AGENT**

The initial name and address of the Registered Agent is Twila J. Valentine, M.A., 17715 Gulf Blvd., #724, Redington Shores, FL 33708.

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**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is: Twila J. Valentine, M.A., 17715 Gulf Blvd., #724, Redington Shores, FL 33708.

\*\*\*\*\*  
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.

Twila J. Valentine, M.A.  
Signature/Registered Agent

02-15-01  
Date

Twila J. Valentine, M.A.  
Signature/Incorporator

02-15-01  
Date

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