

TRANSMITTAL LETTER

P01000024270

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

SUBJECT: COMMUNITY BASED TRAINING INC.
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003798289--0
 -03/05/01--01106--009
 *****70.00 *****70.00

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: DAVID HAWTHORNE
 Name (Printed or typed)

535 36TH ST W
 Address

PALMETTO FL 34221
 City, State & Zip

(941) 720-1896
 Daytime Telephone number

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 MAR -5 PM 12:16

FILED

NO COPY

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

T. Burch MAR 8 2001

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 BASED TRAINING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

535 36TH ST W

PALMETTO, FL 34221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SOCIAL SERVICE AGENCY

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DAVID HAWTHORNE

535 36TH ST W

PALMETTO, FL 34221

ARTICLE VI REGISTERED AGENT

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

W. H. HAWTHORNE

1301 6TH AV W STE 600

BRADENTON, FL 34205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID HAWTHORNE

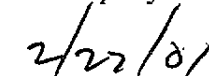
535 36TH ST W

PALMETTO, FL 34221

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



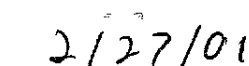
Signature/Registered Agent



Date



Signature/Incorporator



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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