

P03000100700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

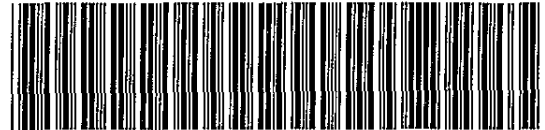
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022708642

09/09/03--01031--003 **70.00

03 SEP -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Families Facing Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Arlene Brett Gordon

Name (Printed or typed)

10833 Cypress Glen Drive

Address

Coral Springs, FL 33071

City, State & Zip

954-344-7261

Daytime Telephone number

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

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:

Families Facing Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10833 Cypress Glen Drive, Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide family therapy services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Arlene Brett Gordon
10833 Cypress Glen Drive
Coral Springs, FL 33071

ARTICLE VI REGISTERED AGENT

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

Arlene Brett Gordon
10833 Cypress Glen Drive
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Arlene Brett Gordon
10833 Cypress Glen Drive
Coral Springs, FL 33071

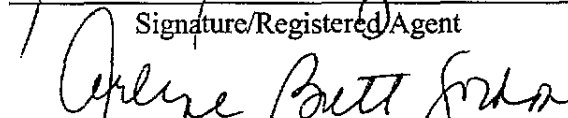
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



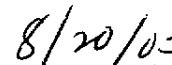
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED

03 SEP -9 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA