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(Requestor's Name)

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(City/State/Zip/Phone #)

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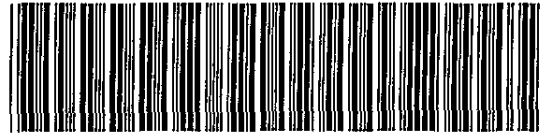
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: GMD CHOICES BEHAVIOR SERVICES, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: MARK R. PATRICK  
Name (Printed or typed)

4029 ATLANTIC BLVD.  
Address

JACKSONVILLE, FL 32207  
City, State & Zip

904-~~928-1000~~ 396-5400  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

of

**Good Choices Behavior Services, Inc.**

**The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.**

**ARTICLE I.**

**The name of the corporation shall be:**

**Good Choices Behavior Services, Inc.**

**ARTICLE II.**

**The principle place of business and mailing address of this corporation shall be:**

**751 Old Eustis Road  
Mt. Dora, FL 32757**

**ARTICLE III.**

**The purpose for which the corporation is organized is:**

**Any lawful retail, wholesale, or service business, including construction contracting.**

**ARTICLE IV.**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:**

**1000**

**ARTICLE V.**

**The names and street addresses of officers are:**

**Barbara B. Taylor  
751 Old Eustis Road  
Mt. Dora, FL 32757**

**ARTICLE VI.**

**The name and address of the registered agent are:**

**Mark R. Patrick  
4029 Atlantic Blvd.  
Jacksonville, FL 32207**


**ARTICLE VII.**

**The name and address of the incorporator are:**

**Barbara B. Taylor  
751 Old Eustis Road  
Mt. Dora, FL 32757**

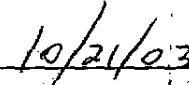
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TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
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

  
\_\_\_\_\_  
Date