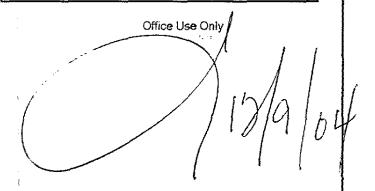
# P040014554/

(Requestor's Name)	
(Address)	000
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12.
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





000043089790

12/07/04--01048--002 \*\*87.50

ROOM DEC -7 P 1: 48
SECRETARY US STATE
ALLAHASSEE, FI COME

#### TRANSMITTAL LETTER

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

SUBJECT: COMMUNIT	TY SERVICE DIRECTORY, IN	C.		
(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	<b>□</b> \$78.75	□\$78.75	<b>☑</b> \$87.50	
Filing Fee	Filing Fee &	Filing Fec	Filing Fee,	
	Certificate of	& Certified Copy	Certified Copy	
	Status		& Certificate	
		ADDITIONAL CO	PY REQUIRED	
		1100111011110	11100011000	
DATRICIA I DOTTED EDO				
FROM: PATRICIA J. POTTER, ESQ.  Name (Printed or typed)				
Tunie (Timber of types)				
1000 NORTH TAMIAMI TRAIL, SUITE 201				
Address				
NAPLES, FLORIDA 34102				
City, State & Zip				
(239) 263 - 8282				
Daytime Telephone number				

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

### ARTICLES OF INCORPORATION OF COMMUNITY SERVICE DIRECTORY, INC.

The undersigned for the purpose of forming a corporation under the Florida Not For Profit Corporation Act, Florida Statutes, Section 617, hereby adopts the following Articles of Incorporation:

#### **ARTICLE I**

Name

The name of the corporation is Community Service Directory, Inc.

# CRETARY OF STATE LAHASSEE, FLORE

#### **ARTICLE II**

**Principal Office** 

The principal place of business and mailing address of this Corporation shall be:

2553 Longboat Drive, Naples, Florida 34104

#### ARTICLE III

#### Purpose

The purpose for which the Corporation is organized is to (A) gather information regarding (1) mental health issues and (2) financial resources and/or assistance available to families and individuals coping, either directly or indirectly, with a friend, family member, or loved one suffering from a mental disease or condition and (B) distribute that information to families and individuals coping, either directly or indirectly, with a friend, family member, or loved one suffering from a mental disease or condition. The information is to be gathered and distributed without regard to race, sex, creed, national origin, disability, or sexual orientation.

#### ARTICLE IV

#### **Manner of Election**

The directors of the Corporation shall be elected by majority vote of the members in accordance with the Corporation's Bylaws.

#### **ARTICLE V**

#### **Initial Board of Directors**

The initial Board of Directors shall consist of THREE Directors. The number of directors may be either increased or decreased from time to time by the Bylaws.

The name and address of the initial directors of this corporation are:

Stephen Meek, 2553 Longboat Drive, Naples, Florida 34104

Mary Meek, 2553 Longboat Drive, Naples, Florida 34104

Shaun Meek, 2553 Longboat Drive, Naples, Florida 34104

#### ARTICLE VI

#### **Initial Registered Agent**

The name and address of the initial registered agent of this Corporation is:

PATRICIA J. POTTER, ESQ. SIESKY, PILON & WOOD 1000 North Tamiami Trail, Suite 201 Naples, Florida 34102

#### ARTICLE VII

#### Incorporators

The name and address of the person signing these Articles of Incorporation is:

#### PATRICIA J. POTTER, ESQ. SIESKY, PILON & WOOD 1000 North Tamiami Trail, Suite 201 Naples, Florida 34102

IN WITNESS WHEREOF, I have subscribed my name this  $\underline{\zeta_{\theta}}$  day of December, 2004.

PATRICIA J. POTTER, ESQ. IN HER CAPACITY AS INCORPORATOR OF COMMUNITY SERVICE DIRECTORY, INC.

### STATE OF FLORIDA COUNTY OF COLLIER

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgments, personally appeared **Patricia J. Potter, Esq.**, in her capacity as incorporator of Community Service Directory, Inc., known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged before me that she executed the same.

WITNESS my hand and official seal in the county and state last aforesaid this day of December, 2004.

DIANE LYNN TOULOUSE
MY COMMISSION # DD 078693
EXPIRES: December 16, 2005
Borded Trux Notary Public Underwriters

G/Apps/WP51/Meek General File 6149.01 Articles of Incorporation.wpd

Notary Public - State of Florida

(Print Commissioned Name of Notary Public)
Did \_\_\_\_ Did Not \_\_\_ Pake Am Oath
Personally Known \_\_\_\_ OR Froduced Identification
Type of Identification Produced