

P05000095733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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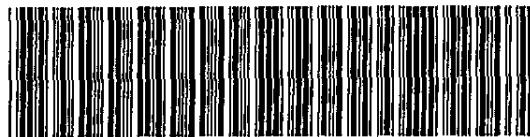
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VV

TRANSMITTAL LETTER

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

SUBJECT: PEER SUPPORT SPECIALISTS ASSOCIATION, BROWARD CHAPTER
(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
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: JANA A. SPALDING, MD, CHAIR
Name (Printed or typed)

C/O THE PEER CENTER, INC.
Address

4545 NW 9TH AVE. OAKLAND PARK, FL 33309
City, State & Zip

954-935-6710 EXT.229
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:

PEER SUPPORT SPECIALISTS ASSOCIATION, BROWARD CHAPTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

C/O THE PEER CENTER, INC.
4545 NW 9TH AVE.
OAKLAND PARK, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE PROFESSIONAL SUPPORT TO BEHAVIORAL HEALTH CARE PEER SPECIALISTS WORKING THROUGHOUT BROWARD COUNTY. TO PROMOTE THE PHILOSOPHIES OF RECOVERY AND SELF-DETERMINATION THROUGHOUT THE BEHAVIORAL HEALTH CARE SYSTEM.

ARTICLE IV SHARES

The number of shares of stock is: 35

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JANA A. SPALDING, MD, CHAIR
219 SW 3RD ST.
POMPANO BEACH, FL 33060

JESSIE MARQUEZ, TREASURER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

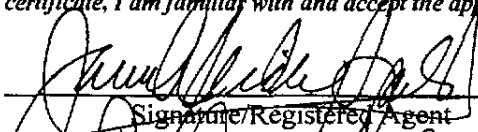
JANA A. SPALDING, MD, CHAIR
C/O THE PEER CENTER, INC.
4545 NW 9TH AVE.
OAKLAND PARK, FL 33309

ARTICLE VII INCORPORATOR

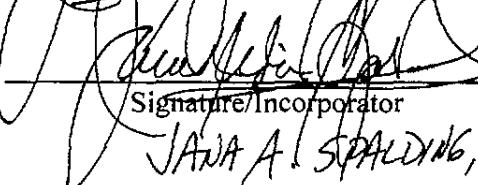
The name and address of the Incorporator is:

JANA A. SPALDING, MD, CHAIR
C/O THE PEER CENTER, INC.
4545 NW 9TH AVE.
OAKLAND PARK, FL 33309

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



Signature/Incorporator
JANA A. SPALDING, M.D.

4/1/2005

Date

4/1/2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA