

PO7000111914

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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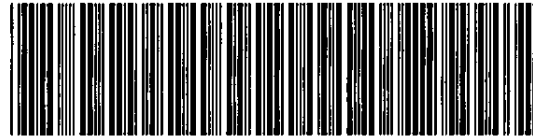
(Business Entity Name)

(Document Number)

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2007 OCT 10 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA 70-11

COVER LETTER

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

SUBJECT: Turning Point Counseling 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
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: Rebecca Kite

Name (Printed or typed)

PO Box 754

Address

Wewahitchka, Florida 32465

City, State & Zip

(850) 624-9017

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2007

REBECCA KITE
P.O. BOX 754
WEWAHITCHKA, FL 32465

SUBJECT: TURNING POINT COUNSELING SERVICES, INC.
Ref. Number: W07000039544

We have received your document for TURNING POINT COUNSELING SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 007A00049567

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:

Turning Point Counseling Services, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 754
Wewahitchka, Florida 32465

125 Ridgecrest Lane
Wewahitchka, FL, 32465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide mental health counseling and therapeutic services to/for adults, adolescents, and children.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rebecca Kite, MS, LMHC, President
PO Box 754
Wewahitchka, Florida 32465

ARTICLE VI REGISTERED AGENT

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

Rebecca Kite, MS, LMHC
125 Ridgecrest Lane
Wewahitchka, Florida 32465

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rebecca Kite, MS, LMHC
PO Box 754
Wewahitchka, Florida 32465

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

Rebecca Kite, MS, LMHC
Signature/Registered Agent

8-7-07

Date

Rebecca Kite, MS, LMHC
Signature/Incorporator

8-7-07

Date