

PO8000008818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

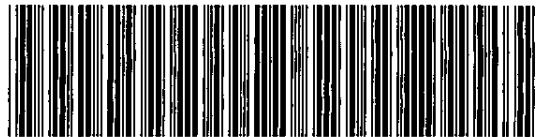
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/08-01022--012 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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EP 1/25/08

W0800001024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2008

ATIYA B. DAY
932 W. TENN. TRACE
ST.JOHNS, FL 32259

SUBJECT: POSITIVE LIFESTYLES COUNSELING CENTER INC.
Ref. Number: W08000001026

We have received your document for POSITIVE LIFESTYLES COUNSELING CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 708A00001511

COVER LETTER

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

SUBJECT: Positive Lifestyles Counseling Center 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:

Atiya B. Day

Name (Printed or typed)

932 W. Tenn. Trace

Address

St. Johns, Fla. 32259

City, State & Zip

9045252045

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:

Positive Lifestyles Counseling Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*1637 Race Track Road, Jacksonville
Florida 32259*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Life Counseling

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):

Atiya B. Day - President

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ARTICLE VI REGISTERED AGENT

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

Kahlil A. Day

932 W. Tenn. Trace, St. Johns, Fla. 32259

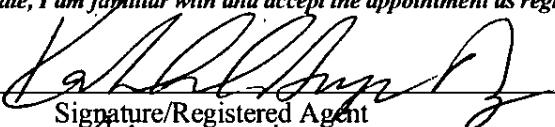
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~Kahlil A. Day~~ Atiya Day ~~AB~~

932 W. Tenn. Trace, St. Johns, Fla. 32259

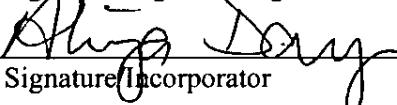
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/2/08

Date



Signature/Incorporator

1/2/08

Date

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