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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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APPROVED FINED

COVER LETTER

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

SUBJECT: Fina	Ily Free Counseling Ce (PROPOSED CORPORA	nter, Inc TENAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Tammy Sandidge	(Printed or typed)	
	4600 NW 16th Ave	Address	
	•	309 , State & Zip	
	051-776-0131		

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

Daytime Telephone number

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:

Finally Free Counseling Center, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2717 W. Cypress Creek Road Fort Lauderdale, Florida 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide counseling to individuals and groups. Other services include seminars.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tammy S. Sandidge-President 4600 NW 16th Ave Tamarac, FI 33309

SECHETARY OF STATE

DR APR SI. AM S.

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Sandidge, Tammy S.

4600 NW 16th Ave

Tamarac, FI 33309

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Sandidge, Tammy S. 4600 NW 16th Ave Tamarac, FI 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

Menature/Incorporator

<u>a /11/0</u>

Date

SECRETARY OF STATE