

P08000052288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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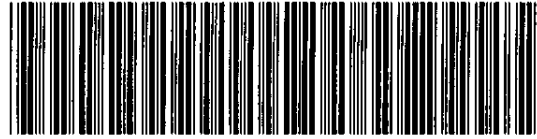
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY 27 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Treasure Coast Counseling & Behavioral 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: _____ Cynthia N. Christopherson
Name (Printed or typed)

_____ 224 NW Magnolia Lakes Blvd.
Address

_____ Port St. Lucie, Florida 34986
City, State & Zip

_____ (772) 708-9711
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Treasure Coast Counseling & Behavioral Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

224 NW Magnolia Lakes Blvd.
Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide mental health counseling and behavior modification services (via behavior assessment and behavior analysis) for children, adolescents, and adults in the community. *Provide Individual, Marital, Family, & Group Therapy. Including: Assessment, Treatment, Consultation, Training & Clinical Supervision.*

ARTICLE IV SHARES

The number of shares of stock is:

1,000 (One-thousand) Shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cynthia N. Christopherson, President
224 NW Magnolia Lakes Blvd.
Port St. Lucie, FL 34986

Shawn L. Christopherson, Treasurer
224 NW Magnolia Lakes Blvd.
Port St. Lucie, FL 34986

ARTICLE VI REGISTERED AGENT

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

Cynthia N. Christopherson, LCSW, BCABA
224 NW Magnolia Lakes Blvd.
Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cynthia N. Christopherson, LCSW, BCABA
224 NW Magnolia Lakes Blvd.
Port St. Lucie, FL 34986

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

Cynthia N. Christopherson

Signature/Registered Agent

5-23-08

Date

Cynthia N. Christopherson

Signature/Incorporator

5-23-08

Date