

P0800005234/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

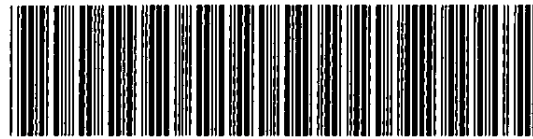
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 27 PM 4:52

EP 5/28/08

COVER LETTER

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

SUBJECT: COASTAL MENTAL HEALTH PARTNERSHIP 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: PATRICIA CICETTI
Name (Printed or typed)

8130 NIMOSA PLACE
Address

BOYNTON BEACH, FL. 33472
City, State & Zip

561-502-1638
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:

COASTAL MENTAL HEALTH PARTNERSHIP INC.

ARTICLE II PRINCIPAL OFFICE

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

8130 MIMOSA Place FL 33472
Boynton Beach

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Psychological Services, Mental Health Services
and Employment Services

ARTICLE IV SHARES

The number of shares of stock is: 150

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President ← ① Patricia Cicetti, 8130 Mimosa Place, Boynton Bch, FL
Vice-President ② Glen Alterman, 6 NE 19th St Delray Beach, 33444 33472
Treasurer ← ③ Lisa Cicetti, 5421 Oakmont Village Circle, Lake Worth, FL, 33463

ARTICLE VI REGISTERED AGENT

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

Patricia Cicetti
8130 MIMOSA Place
Boynton Beach, FL 33472

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Cicetti
5421 Oakmont Village Circle
Lake Worth FL 33463

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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

Patricia Cicetti

Signature/Registered Agent

5/20/08
Date

Signature/Incorporator

5/20/08
Date