P08000052343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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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 Mimosa 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
Boynton Beach FL 33472

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

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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