

PO9000011718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

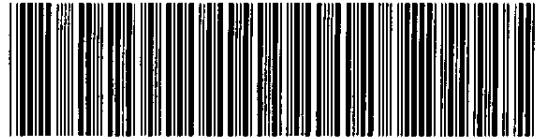
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300142651663

02/05/09--01019--013 **87.50

FILED

09 FEB -5 AM 9:26

02/05/09

28

COVER LETTER

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

SUBJECT: Positive Prevention Strategies, 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: Sally Myrick
Name (Printed or typed)

1736 Asturias St.
Address

St. Augustine, Fl. 32080
City, State & Zip

904-471-1211
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 Prevention Strategies, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1736 Asturias St.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Administration, Implementation and Management of Health Maintenance and Improvement Programs for Targeted Populations.

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sally Myrick, President, 1736 Asturias St., St. Augustine, Fl. 32080

ARTICLE VI REGISTERED AGENT

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

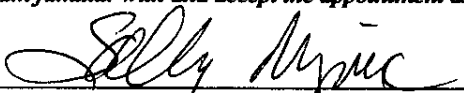
Sally Myrick 1736 Asturias St. St. Augustine, Fl. 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

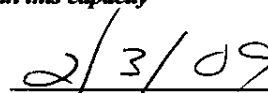
Sally Myrick, 1736 Asturias St., St. Augustine, Fl.

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

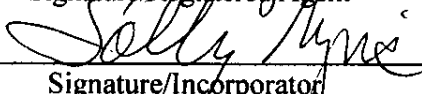


Signature/Registered Agent

SALLY MYRICK

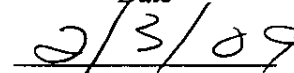


Date



Signature/Incorporator

SALLY MYRICK



Date

09 FEB -5 AM 9 26

FILED