

P/0000002219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

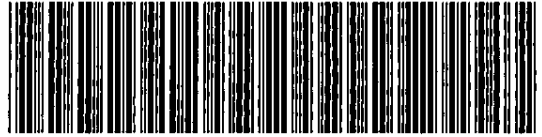
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-12-10 229

## COVER LETTER

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

**SUBJECT:** Community Rehabilitation Center Institute

**(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:** Tonya Seigler

Name (Printed or typed)

5208 North Pearl Street

Address

Jacksonville Florida 32208

City, State & Zip

904-813-8894

Daytime Telephone number

tonyaseigler@yahoo.com

E-mail address: (to be used for future annual report notification)

**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:  
Community Rehabilitation Center Institute, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
5208 North Pearl Street  
Jacksonville, Florida 32208

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide training and employment opportunities in the field of construction.

**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):  
Reginald Gaffney, President- 11636 Jerry Adams Court, Jacksonville, FL 32218  
Tonya Seigler, Vice President- 5320 North Pearl Street, Jacksonville, FL 32208

**ARTICLE VI REGISTERED AGENT**


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Reginald Gaffney  
11636 Jerry Adams Court  
Jacksonville, Florida 32218

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:  
LaShan Simmons  
5320 North Pearl Street  
Jacksonville, Florida 32208

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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*

  
\_\_\_\_\_  
Signature/Registered Agent

12/28/09  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/28/09  
Date