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(Requestor's Name)

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(Business Entity Name)

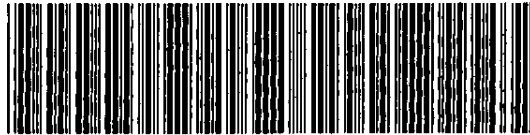
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Treasure Coast Counseling Center, 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:** Elizabeth A. Bennett

Name (Printed or typed)

3121 SE Aster Lane #1607

Address

Stuart, FL 34994

City, State & Zip

772-341-4013

Daytime Telephone number

Lizlbpooh66@aol.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:

Treasure Coast Counseling Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1701 SE Hillmore Drive, Suite 16

Port. St. Lucie, FL 34952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide outpatient mental health and substance abuse <sup>counseling</sup> ~~counseling~~

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Elizabeth A. Bennett - President

Claire Darby - Vice President

1701 SE Hillmore Drive, Suite 16, Port St. Lucie, FL 34952

**ARTICLE VI REGISTERED AGENT**

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

Elizabeth A. Bennett, 1701 SE Hillmore Drive, Suite 16,

Port St. Lucie, FL 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Elizabeth A. Bennett, 1701 SE Hillmore Drive, Suite 16,

Port. St. Lucie, FL 34952

\*\*\*\*\*

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

Elizabeth A. Bennett

Signature/Registered Agent

Elizabeth A. Bennett

Signature/Incorporator

Elizabeth A. Bennett

3/16/10

Date

3/16/10

Date

FILED  
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TALLAHASSEE, FLORIDA