

P11000024661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

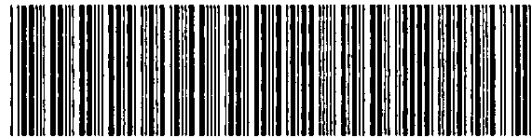
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Zanele Moton DWE
NOTIFICATION BY PHONE TO
200000 reversed signatures
DATE *3/14/11*
DOC EXAM *3/14/11*

Office Use Only



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03/11/11--01016--008 **78.75

FILED
11 MAR 11 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 3/14/11

COVER LETTER

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

SUBJECT: NEW VISION BEHAVIORAL HEALTH, 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: NEW VISION BEHAVIORAL HEALTH, INC.
Name (Printed or typed)

1535 PRESCOTT STREET SOUTH
Address

ST. PETERSBURG, FL 33712
City, State & Zip

(727) 239-6285 Daytime Telephone number

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 NEW VISION BEHAVIORAL HEALTH, INC.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
1535 PRESCOTT STREET SOUTH
ST. PETERSBURG, FL 33712

11 MAR 11 PM 1:38
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 1,000 (shares have no par value).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARL MOTON - CEO
Address: 1535 PRESCOTT STREET SOUTH
ST. PETERSBURG, FL 33712

Name and Title: _____
Address: _____

Name and Title: ZANETA MOTON - PRESIDENT
Address: 1535 PRESCOTT STREET SOUTH
ST. PETERSBURG, FL 33712

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

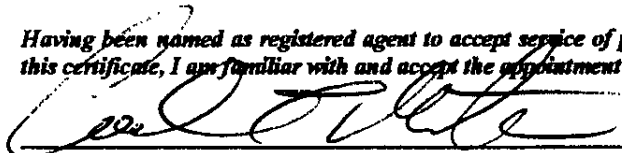
Name: ZANETA MOTON
Address: 1535 PRESCOTT STREET SOUTH
ST. PETERSBURG, FL 33712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARL MOTON
Address: 1535 PRESCOTT STREET SOUTH
ST. PETERSBURG, FL 33712

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

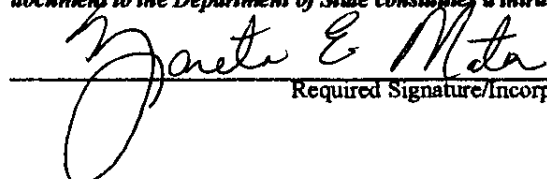


Required Signature/Registered Agent

3/8/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

3/8/2011

Date