

P110000030013

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Ms Angela Kemmer  
Give me permission  
to add Inc. to the  
ending of Name 3-28

Office Use Only



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2011 MAR 28 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: AHA! Counseling and Behavioral Services**  
(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: Angela Kemmer

Name (Printed or typed)

256 Bougainvillea Street

Address

Tavernier, FL 33070

City, State & Zip

305-852-5923

Daytime Telephone number

ahacbs@gmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 28 PM 3:50

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**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:

**AHAI Counseling and Behavioral Services, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

**256 Bougainvillea Street  
Tavernier, FL 33070**

Mailing address, if different is:

**PO Box 1547  
Tavernier, FL 33070**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Provision of mental health and behavioral health services to children and families.**

**ARTICLE IV SHARES**

The number of shares of stock is: **TWO**

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

Name and Title: **Angela Kemmer, Director**

Address: **256 Bougainvillea Street  
Tavernier, FL 33070**

Name and Title: **Benjamin Kemmer**

Address: **256 Bougainvillea Street  
Tavernier, FL 33070**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: **Angela Kemmer**

Address: **256 Bougainvillea Street  
Tavernier, FL 33070**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Angela Kemmer**

Address: **256 Bougainvillea Street  
Tavernier, FL 33070**

*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

**03/17/2011**

\_\_\_\_\_  
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

**03/17/2011**

\_\_\_\_\_  
Date

**FILED**  
**2011 MAR 28 PM 3:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**