

P/20000/5268

(Requestor's Name)

(Address)

(Address)

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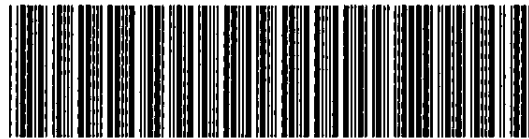
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/23/12--01050--017 **78.75

FILED
12 FEB 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-4679

κ 02/14/12



RECEIVED

12 FEB 13 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2012

SARAH T. SMITH
119 CAPTIVA DRIVE
PONTE VEDRA, FL 32081

SUBJECT: ABC THERAPIES, INC.
Ref. Number: W12000004679

We have received your document for ABC THERAPIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000142834 (ABC THERAPIES OF FLORIDA, INC.).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 012A00001832

COVER LETTER

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

SUBJECT: ABC Therapeutic & Behavioral Services, 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: Sarah T. Smith

Name (Printed or typed)

119 Captiva Drive

Address

Ponte Vedra, Florida 32081

City, State & Zip

904-235-3399

Daytime Telephone number

sajom12@hotmail.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: **ABC Therapeutic & Behavioral Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
119 Captiva Drive
Ponte Vedra, Florida 32081

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to include but is not limited to providing educational and behavioral therapeutic services for individuals with developmental disabilities and delays.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Sarah T. Smith, President**
Address: **119 Captiva Drive**
Ponte Vedra, FL 32081

Name and Title: _____
Address: _____

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: **Sarah T. Smith**
Address: **119 Captiva Drive**
Ponte Vedra, Florida 32081

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Sarah T. Smith**
Address: **119 Captiva Drive**
Ponte Vedra, Florida 32081

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SARAH T. SMITH

Required Signature/Registered Agent

2/5/12

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.

SARAH T. SMITH

Required Signature/Incorporator

2/5/12

Date