

P12000055002

(Requestor's Name)

(Address)

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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:

Richard Davila **NAME**
AUTHORIZATION BY PHONE TO
CORRECT Article I
DATE 6/19/12
DOC. EXAM MRD

Office Use Only



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06/18/12--01013--001 **78.75

FILED
12 JUN 18 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
6/19/12

COVER LETTER

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

SUBJECT: Recovery All

(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: Richard D. Davila

Name (Printed or typed)

1609 Carter Oaks Dr.

Address

Valrico, FL 33596

City, State & Zip

813-766-3328

Daytime Telephone number

rick4shs@me.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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Recovery All, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9225 Bay Plaza Blvd.
Suite 418
Tampa, FL 33619

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Addiction education, training, and support

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Richard D. Davila, Ph. D., President</u>	Name and Title: <u>Nydia Orozco-Davila, 1st VP</u>
Address: <u>1609 Carter Oaks Dr.</u>	Address: <u>1609 Carter Oaks Dr.</u>
<u>Valrico, FL 33596</u>	<u>Valrico, FL 33596</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Richard D. Davila, Ph. D.
Address: 1609 Carter Oaks Dr.
Valrico, FL 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Richard D. Davila, Ph. D.
Address: 1609 Carter Oaks Dr.
Valrico, FL 33596

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

6/7/12
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.


Required Signature/Incorporator

6/7/12
Date