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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Atlas Behavioral Health Consulting, 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: Dwight Lisenbee

Name (Printed or typed)

810 Oneonta Ln

Address

Panama City, FL 32409

City, State & Zip

850-571-5563

Daytime Telephone number

dwight@atlasbehaviorhealthconsulting.com

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

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TALLAHASSEE, FLORIDA

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: Atlas Behavioral Health Consulting, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
810 Oneonta Lane
Panama City, FL 32401

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide analysis, technical assistance, consultation, and partnership with behavioral health care businesses and organizations to improve their growth and business potential.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith Lisenbee, President
Address: 1550 Spring Gate Dr.
#8103
McLean, VA 22102

Name and Title: _____
Address: _____

Name and Title: Dwight Lisenbee, Vice President
Address: 810 Oneonta Ln
Panama City, FL 32409

Name and Title: _____
Address: _____

Name and Title: C.E. Lisenbee, Secretary/Treas.
Address: 810 Oneonta Ln
Panama City, FL 32409

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: Dwight Lisenbee
Address: 810 Oneonta Ln
Panama City, FL 32409

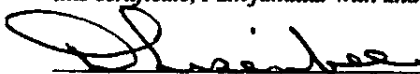
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Keith Lisenbee
Address: 1550 Spring Gate Dr. #8103
McLean, VA 22102

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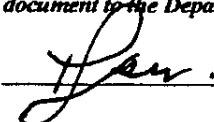
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

6-6-2012
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

6-6-12
Date