P13000036527

(Requestor's Name)				
(Address)				
(Ádd	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
W13	-183	22		

Office Use Only



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13 APR 22 PM 1: 33
SECRETARY OF STATE-

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

SUBJECT:

$(PROPOSED\ CORPORATE\ NAME-\underline{MUST\ INCLUDE\ SUFFIX})$

Enclosed are an	original and one (1) copy o	f the articles of incorpo	oration and a check for:	
□ \$70.00 Filing F	\$78.75 \$78.75 ee Filing Fee & Certificate of Status Status ADDITIONAL CO	□ \$87.50 Filing Fee & Certified Copy & Certificate of PY REQUIRED	Filing Fee, Certified Copy	
FROM:	Jeanne Egenie Assinthe	Name (Printed or typed)		
Address	925 SouthWest 6 Cour	t		
	Florida City Florida, 3.	3034 City, State & Zip		
	(305)310-3015	ytime Telephone number	•	
	assinthe@gma		a usad for future annual report notificati	on)

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		n shall be <u>:</u>	Amitié, Ind	D		•
	PDZMO	IDAL OPP	ZOD.			13 APR 22 PM 1:33
ARTICLE II Principal street		PAL OFFI	!CE			SECRETARY OF STATE
Mailing address,		: is:				TALLAHASSEE FLORIDA
925 SV	V 6 court F	lorida City F	Florida, 33034			
		<u>/ -</u> -				
ARTICLE III	חממום	CF.				
The purpose for	which the o	corporation i	is organized is: C	Consulting me	ental health, subs	stance abuse, domestic violence, nurturing
parenting and ca	se managei	nent service	<u>s.</u>			
ARTICLE IV						
The number of sl	hares of sto	ck is: Autho	orized shares one	hundred		
ARTICLE V	INITIA	L OFFICE	ERS AND/OR	<u>DIRECTOI</u>	<u>88</u>	
Nama	and Tislas	Isanna F. A	cointhe CEO/OI	WAIED /DDE6	MACAIT	Name and Title
Name a	ind Title:	Jeanne E. A.	ssinine, CEO/OV	W NEK/PKES	SIDENI	Name and Title:
Address	s	925 SW 6 C	Court		Address:	
	F	lorida City F	Florida, 33034			
Name an	nd Title:				Name and Title	<u> </u>
Address	s			Address	; <u> </u>	
	_				.	
			<u>.</u>	<u>.</u>		
Name an	nd Title:				Name and Title	o:
Address	s			Address	<u> </u>	
						

(conti.)

Name and Title:		Name and Title:		
Address		Address:		
		13 APR 22 PH 1: 33		
			SECRETARY OF STATE TALLAHASSEE FLORIDA	
ARTICLE VI The <u>name and</u>	REGISTERED AGENT Florida street address (P.O. B	ox NOT acceptable) of the reg	sistered agent is:	
Name:	Jeanne Egenie Assinthe			
Address:	925 SW 6 Court			
	Florida City Florida, 33034			
ARTICLE VI	I INCORPORATOR			
The <u>name and</u>	address of the Incorporator is:			
Name:	Jeanne Egenie Assinthe	2		
Address:	925 SW 6 Court			
	Florida City Florida, 3303	<u>.</u>		
			above stated corporation at the place designate red agent and agree to act in this capacity	
			3/22/22013	
	Required Signature	Registered Agent	Date	
I submit this do document to th	ocument and affirm that the fac ne Department of State constitut	ets stated herein are true. I am les a third degree felony as pr	n aware that the false information submitted in ovided for in s.817.155, F.S.	
Required Signa	ture/Incorporator	dear	Date 3/22/2013	

 $\mathbf{p}_{i} = \mathbf{p}_{i} \cdot \mathbf{p}_{i}$