

P13000073263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

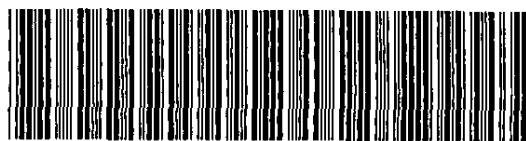
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/13--01008--016 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -3 PM 12:48

9/6/13

COVER LETTER

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

SUBJECT: Santa Barbara Recovery, 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: **Juan Pug**

Name (Printed or typed)

P.O. Box 560062

Address

Miami, FL 33256-0062

City, State & Zip

305-546-5376

Daytime Telephone number

builderjp@aol.com

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

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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: Santa Barbara Recovery, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

18768 SW 79 Ave

Miami, FL 33157

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Mailing address, if different is:

P.O. Box 560062

Miami, FL 33256-0062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Pug Name and Title: _____

Address P.O. Box 560062 Address: _____
Miami, FL 33256-0062

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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:

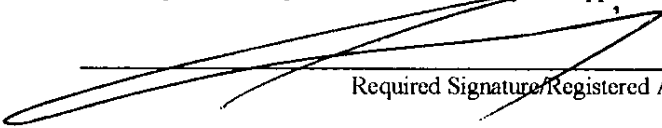
Name: Juan Pug
Address: 18768 SW 79 Ave
Miami, FL 33157

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Juan Pug
Address: P.O. Box 560062
Miami, FL 33256-0062

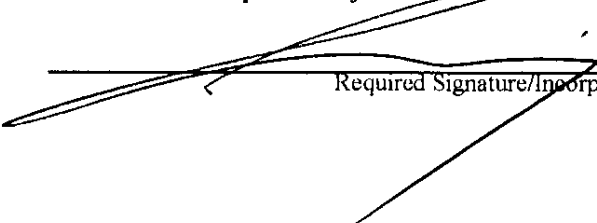
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8-28-13
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

8-28-13
Date

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