

P13000092931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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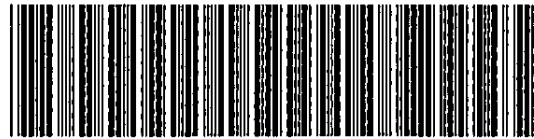
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
11/15/13

COVER LETTER

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

SUBJECT: Partners in Treatment 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: Doris Carroll
Name (Printed or typed)
13132 48th Court N.
Address
West Palm Beach FL 33411
City, State & Zip
561-632-5663
Daytime Telephone number
Director@drugfreepartner.org
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: Partners in Treatment INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1489 Military Trail

Suite 216

West Palm Beach FL 33409

Mailing address, if different from principal address: 13 NOV 14 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To facilitate an effective continuum of services for children, youth, adults, couples and families who are seeking a happy, healthy, drug free lifestyle, free from addiction and mental health issues.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doris A. Carroll, President

Address: 13132 48th Court N
West Palm Beach FL 33411

Name and Title: William Carroll, Vice President

Address: 13132 48th Court N.
West Palm Beach FL 33411

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Doris A. Carroll

Address: 13132 48th Court N
West Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doris A. Carroll

Address: 13132 48th Court N
West Palm Beach, FL 33411

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

11/13/13

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

11/13/13

Date