

P/4000000874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K* 01/06/14

## COVER LETTER

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

SUBJECT: NEUROTHERAPEUTIC ASSOCIATES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: ROBERT NIES  
Name (Printed or typed)

2056 ALOMA AVENUE  
Address

WINTER PARK, FL 32792  
City, State & Zip

407-629-0413  
Daytime Telephone number

BOB.NIES@YOURLIFERECOVERY.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)

**ARTICLE I NAME**

The name of the corporation shall be: NEUROTHERAPEUTIC ASSOCIATES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2056 ALOMA AVENUE

SUITE 100

WINTER PARK, FL 32792

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DRUG, ALCOHOL, WEIGHT-LOSS TREATMENT  
AND OTHER RELATED ACTIVITIES

**ARTICLE IV SHARES**

The number of shares of stock is: 3,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT NIES

Name and Title: PRESIDENT & SECRETARY

Address 2056 ALOMA AVE

Address:

SUITE 100

WINTER PARK, FL 32792

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(cont.)

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:

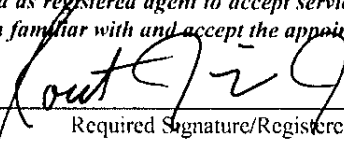
Name: ROBERT NIES  
Address: 2056 ALOMA AVE, SUITE 100  
WINTER PARK, FL 32792

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

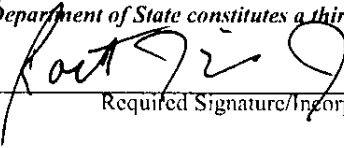
Name: ROBERT NIES  
Address: 2056 ALOMA AVE, SUITE 100  
WINTER PARK, FL 32792

*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

12-30-13  
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

12-30-13  
Date

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JULY 14, 2013  
TALLAHASSEE, FLORIDA