

P14 DDDD 63374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

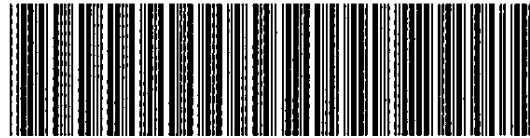
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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: Innovative Solutions Treatment Center, 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: Wallace L. Jones
Name (Printed or typed)

2101 Vista Parkway Suite 290
Address

West Palm Beach, FL 33411
City, State & Zip

561 797 8167
Daytime Telephone number

Wj19569@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

STATE OF Florida

COUNTY OF Palm Beach

Wallace L. Jones _____, being duly sworn according to law, deposes and attests under penalty of perjury to the following:

I, Wallace L. Jones, being first duly sworn on oath, state that:

1. I am over 18 years of age and competent enough to testify of my own knowledge of the facts stated herein.
2. All the facts stated by me herein are true, correct and complete to the best of my knowledge and understanding.
3. I have no intensions of revoking the dissolution of the nonprofit company Innovative Solutions Treatment Center, Inc Document Number N13000001730 and therefore release the name.

I swear that to the best of my knowledge, the information contained in this affidavit is true and correct as of July 23, 2014.

Printed Name of Affiant: Wallace L. Jones

Signature of Affiant: _____

Signed on

7/23/2014

Address of Affiant: 2101 Vista Parkway Suite 290... West Palm Beach 33411

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Notary Form

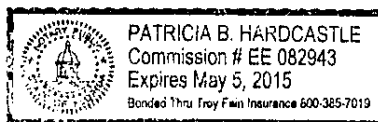
STATE OF Florida
COUNTY OF Palm Beach }

On July 23 2014 before me, Patricia B. Hardcastle, personally appeared Wallace L. Jones, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Pat B Hardcastle
Signature

Affiant: ☒ Known ☐ Unknown



ID Produced: _____

[Seal]

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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: INNOVATIVE SOLUTIONS Treatment Center, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2101 Vista Parkway Suite 290
West Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation will provide
Substance Abuse and Mental Health Intensive Outpatient
Treatment to individuals in Florida -

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wallace L. Jones, CEO

Name and Title: _____

Address 2101 Vista Pwy #290
West Palm Beach, FL
33411

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

(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: Wallace L. Jones
Address: 2101 Vista Pkwy #290
West Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wallace L. Jones
Address: 2101 Vista Parkway #290
West Palm Beach, FL 33411

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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
7/23/2014
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
7/23/2014
Date