

P14000071178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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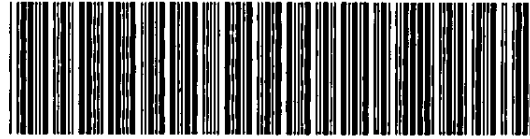
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

11/4

COVER LETTER

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

SUBJECT: Journey to Success Integrated Behavioral Health Services, 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: Lisa M. Sanders

Name (Printed or typed)

2750 Old St. Augustine Road Apt. D37

Address

Tallahassee, FL 32301

City, State & Zip

919-928-3807

Daytime Telephone number

msslisamaria@gmail.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: Journey to Success Integrated Behavioral Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2750 Old St. Augustine Road Apt. D37

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide integrated community based, rehabilitation-focused psychosocial services to recipients that are diagnosed with psychiatric disabilities. Rehabilitative services are designed to assist recipients in strengthening or regaining the interpersonal skills and abilities that are essential for independent living and developing environmental supports that are necessary to function in their community. Recipients are assisted with compensating for or eliminating functional deficits, interpersonal and environmental barriers created by their disabilities and to restore social skills for independent living and effective life management. Community support and rehabilitative services appropriate for recipients exhibiting psychiatric behavioral or cognitive symptoms, addictive behavior or clinical conditions of sufficient severity to bring about significant impairment in day to day personal, social, prevocational, and educational functioning.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa M. Sanders, President/CEO

Name and Title: _____

Address 2750 Old St. Augustine Road Apt. D 37

Address: _____

Tallahassee, FL 32301

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 AUG 22 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

APPROVED
AND (cont.)
FILED

14 AUG 22 PM 3:43

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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:

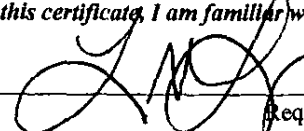
Name: Lisa M. Sanders
Address: 2750 Old St. Augustine Road Apt. D37
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

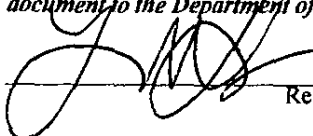
Name: Lisa M. Sanders
Address: 2750 Old St. Augustine Road Apt. D37
Tallahassee, FL 32301

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

8-15-14
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

8-15-14
Date