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COVER LETTER

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

Neurotherapeutic Addiction Centers, Inc.
SUBJECT: _____
(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 J. Nies, Jr.

Name (Printed or typed)

2056 Aloma Avenue, Suite 100

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 Neurotherapeutic Addiction Centers, Inc.

The name of the corporation shall be:

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: Own and operate multiple drug & alcohol treatment centers

ARTICLE IV SHARES 1,000,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J. Nies, Jr. P/S

Name and Title: _____

Address 2056 Aloma Avenue

Address: _____

Suite 100

Winter Park, FL 32792

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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 J. Nies, Jr.
Address: 2056 Aloma Avenue, Suite 100
Winter Park, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Nies, Jr.
Address: 2056 Aloma Avenue
Winter Park, FL 32792

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-8-15

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

5-8-15

Date

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