P150000 48618

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Control Control	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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W18-36153	

Office Use Only



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SECRETARY OF STATE



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COVER LETTER

TO: Charter Section Division of Corporations
SUBJECT: ALternative Behavior Services Inc
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
ERROL Beckford Contact Person
ALternative Behavior Services, Inc
1900 Palm Bay Rd N.E. Suite D
Palm Bay, FL 32905 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: ERROL Beckford at (321) 961-1575 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy Status \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2015

ERROL BECKFORD 1900 PALM BAY RD N.E. SUITE D PALM BAY, FL 32905

SUBJECT: ALTERNATIVE BEHAVIOR SERVICES, LLC

Ref. Number: W15000036153

We have received your document for ALTERNATIVE BEHAVIOR SERVICES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 615A00010780

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
ALternative Behavior Services, LLC
Enter Name of Other Business Entity
110 113-81362
2. The Other Business Entity is a
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on June 5, 2013 Enter date "Other Business Entity" was first organized, formed or incorporated
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws
organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> Alternative Rehaving Services Tno
Alternative Behavior Services, Inc ====
Enter Name of Florida Profit Corporation
·
5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation,
if an effective date is listed therein.)
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

Page 1 of 2

Signed this 15th day of May	, 20 <u>15</u> APPROVEL			
Required Signature for Florida Profit Corporation	A NITO			
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: FROL BEC Gwattle: F				
SECRETARY OF STATE Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]ASSEE_FLORIDA-				
Signature: Molbette				
Printed Name: Errol Beckford	Title: _ President			
Signature: X Cum Bleakery				
Printed Name: KIM Beckford	Title: Vice President			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

Page 2 of 2

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: ALternative Behavior Services, Inc		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	·	
Principal street address	Mailing address, if different is:	
1900 Palm Bay Rd N. E. Sur Palm Bay, FL 32905	teD	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Any & ALL Lawful busi	ness in the State of Florida	
	, <u>च</u> ळ ंज	
	CRE JUN APP	
	<u>≨™ e</u>	
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIR		
	Intriame and Title: KIM Beckford, Vice President	
Address: 1900 Palm BayRd. N.E.Sa		
Palm Bay, FL 32909	Falm Bay, FL 32905	
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	
	A Committee of the Comm	

ARTICLE VI REGISTERED AGENT	APP <u>BO</u> VEL
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is: AND FILED
Name: ERROL Beckford Address: 1900 Palm Bay Rd. N.E Sw. Palm Bay, FL 32905	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ERROL Beckford Address: 1900 Palm Bay Rd, N.E. St Palm Bay, FL 32905	
Having been named as registered agent to accept service of proceed is certificate, I am familiar with and accept the appointment as a Required Signature/Registered Agent	ess for the above stated corporation at the place designated in
submit this document and affirm that the facts stated herein ard locument to the Department of State constitutes a third degree fell with the facts stated herein are locument to the Department of State constitutes a third degree fell with the facts stated herein are locument to the Department of State constitutes a third degree fell with the facts stated herein are locument to the facts stated herein are locument to the Department of State constitutes a third degree fell with the facts stated herein are locument to the Department of State constitutes a third degree fell with the facts stated herein are locument to the Department of State constitutes a third degree fell with the facts stated herein are locument to the Department of State constitutes a third degree fell with the facts are locument to the Department of State constitutes a third degree fell with the facts are locument to the Department of State constitutes as the fact of the Department of State constitutes as the fact of the Department of State constitutes as the fact of the Department of State constitutes as the fact of the fact	
Required Signature/Incorporator	J Date