

P150000921471

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☐ PICK-UP

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03/16/15--01039--008 **78.75

W150000921471

15 NOV 10 AM 11:52
2015 NOV 10 11:52

MD 11/24

COVER LETTER

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

SUBJECT: Total Family Behavioral Group, 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: Marjorie Gillespie-Johnson
Name (Printed or typed)

1000 N. Hiatus Rd.

Address

Pembroke Pines, FL 33026

City, State & Zip

(3050 778-3157

Daytime Telephone number

dr.gillespie@hotmail.com

E-mail address: (to be used for future annual report notification)

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

March 01, 2015


Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

RE: Total Family Behavioral Group

Dear Sir or Madam:

This agency was initially open as a non-profit in error. We would like to retain the name, but as a for profit. We have no intention of ever using this name as a non-profit agency. Enclosed is the filing fee and Articles of Inc. for a for profit agency utilizing the same name.

Sincerely,


Marjorie Gillespie-Johnson

MGJ: LBB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2015

MARJORIE GILLESPIE-JOHNSON
1000 N. HIATUS RD
PEMBROKE PINES, FL 33026

SUBJECT: TOTAL FAMILY BEHAVIORAL GROUP, INC.
Ref. Number: W15000019925

We have received your document for TOTAL FAMILY BEHAVIORAL GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

Please return 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 815A00005680

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: TOTAL FAMILY BEHAVIORAL GROUP, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
1000 N HIATUS RD , SUITE 110

PEMBROKE PINES

FLORIDA, 33026

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MENTAL / BEHAVIORAL HEALTH AND

SUBSTANCE ABUSE SERVICES TO PATIENTS ACROSS THE LIFE SPAN. THIS INCLUDES BUT NOT LIMITED

TO PSYCHIATRIC AND / OR SUBSTANCE ABUSE EVALUATION, MEDICATION MANAGEMENT, INDIVIDUAL

GROUP AND FAMILY THERAPY.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARJORIE GILLESPIE-JOHNSON, CEO

Name and Title: _____

Address 1000 N HIATUS RD, SUITE 110

Address: _____

PEMBROKE PINES

FLORIDA, 33026

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MARJORIE M. GILLESPIE-JOHNSON

Address: 1000 N HIATUS RD, 110

PLANTATION, FL 33026

15 NOV 10 AM 11:52
Filing Office
Tallahassee, Florida

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARJORIE GILLESPIE-JOHNSON

Address: 1000 N HIATUS RD, SUITE 110

PEMBROKE PINES, FLORIDA 33026

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

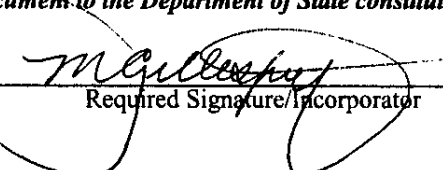


Required Signature/Registered Agent

11/16/15

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

11/16/15

Date