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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Warren Pearson

Requester's Name

1509 Twin Lakes Circle

Address

Tallahassee FL 32311 850-567-6164

City/State/Zip

Phone

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Panama City Spring Wellness & Recovery Center Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
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**ARTICLES OF INCORPORATION
PANAMA CITY SPRINGS WELLNESS & RECOVERY CENTER, INC.**

ARTICLE I NAME

The name of the corporation shall be:
PANAMA CITY SPRINGS WELLNESS & RECOVERY CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business shall be
1509 Twin Lakes Circle
Tallahassee FL, 32311

The mailing address of the business shall be
1509 Twin Lakes Circle
Tallahassee FL, 32311

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized is:
TO PROVIDE A SAFE AND HEALTHY RECOVERY AREA STAFFED WITH HIGHLY
SKILLED PROFESSIONAL HEALTH LICENSEES TO IMPROVE PATIENTS' MENTAL
AND PHYSICAL WELLNESS FOLLOWING ISSUES WITH ADDICTION.

ARTICLE IV SHARES

The corporation is authorized to issue an initial amount of 1000 shares as determined in the
bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

TITLE: PRESIDENT
WARREN JAMES PEARSON
1509 TWIN LAKES CIRCLE
TALLAHASSEE FL 32311

TITLE: VICE PRESIDENT
JEFFREY G. CANNON
2106 N. ORANGE AVENUE SUITE 100
ORLANDO FL 32804

TITLE: SECRETARY
TUCKER E. DOYON
7862 ST. ANDREWS CIRCLE
ORLANDO FL 32835

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

WARREN JAMES PEARSON
1509 TWIN LAKES CIRCLE
TALLAHASSEE FL 32311

ARTICLE VII INCORPORATOR

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

WARREN JAMES PEARSON
1509 TWIN LAKES CIRCLE
TALLAHASSEE FL 32311

The effective date of the corporation formation is
JANUARY 20, 2016

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.


WARREN JAMES PEARSON

01/20/16
DATE

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


WARREN JAMES PEARSON

01/20/16
DATE