

PI160000033948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

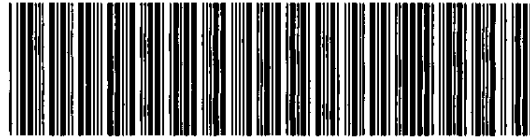
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 15 AM 10:12

APPROVED
AND
FILED

APR 15 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

PATRICIA WOOD
421 N. 3RD ST
PALATKA, FL 32177

SUBJECT: NEW BEGINNING COUNSELLING SERVICES, INC.
Ref. Number: W16000022026

We have received your document for NEW BEGINNING COUNSELLING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 516A00006085

COVER LETTER

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

SUBJECT: New Beginning Counselling 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 ☐ \$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: Patricia Wood

Name (Printed or typed)

421 N. 3rd St.

Address

Palatka, FL 32177

City, State & Zip

386-983-6221

Daytime Telephone number

garrywood2011@hotmail.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: New Beginning Counseling Services of Palatka, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

415 St. Johns Ave.

Palatka, FL 32177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide mental health counseling services

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TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Wood

Name and Title: President

Address 421 N. 3rd St.

Address: _____

Palatka, FL 32177

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: Garry Wood

Address: 415 St. Johns Ave.

Palatka, FL 32177

ARTICLE VII INCORPORATOR

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

Name: Patricia Wood

Address: 421 N. 3rd St.

Palatka, FL 32177

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AND
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-11-16. (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

4-12-16
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.

Patricia K Wood
Required Signature/Incorporator

4/11/2016
Date