

**PI160000033948**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

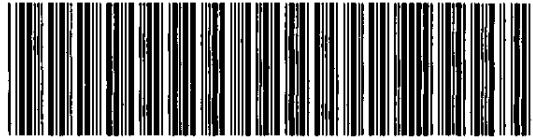
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*WI16-22026*

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AND  
FILED  
  
16 APR 15 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
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: 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  
415 St. Johns Ave.  
Palatka, FL 32177

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

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TALLAHASSEE, FLORIDA

**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.  
Palatka, FL 32177

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
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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  
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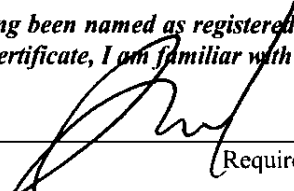
**ARTICLE VIII EFFECTIVE DATE:**

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.)

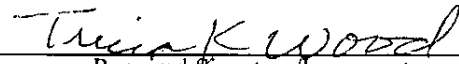
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

  
 Required Signature/Incorporator

4/11/2016  
 Date