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(Requestor's Name)

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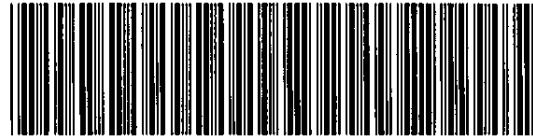
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 SEP 26 PM 2:26

V HERRING

SEP 27 2016

## COVER LETTER

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

**SUBJECT:** LGM Behavioral Resources 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:** Linda Gay Morris

\_\_\_\_\_  
Name (Printed or typed)

10918 Ibis Reserve Circle West

\_\_\_\_\_  
Address

Palm Beach, FL. 33412

\_\_\_\_\_  
City, State & Zip

561-523-2155

\_\_\_\_\_  
Daytime Telephone number

*cinije@yahoo.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: LGM Behavioral Resources Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10918 Ibis Reserve Circle West  
Palm Beach, FL. 33412

Mailing address, if different is: 10918 Ibis Reserve Circle West  
PALM BEACH, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide Psychiatric, Medical, Behavioral and associated services to  
clients.

**ARTICLE IV SHARES**

500 Shares at \$1.00 per share.  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Linda Gay Morris Name and Title: President

Address 10918 Ibis Reserve Circle West Address: \_\_\_\_\_

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

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

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

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

FILED

Name and Title: \_\_\_\_\_ Name and Title: 2016 SEP 26 PM 2:26  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Charles Inije  
Address: 1175 N.E. 125th Street Suite 306  
Miami, FL. 33161

**ARTICLE VII INCORPORATOR**

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

Name: Linda G Morris  
Address: 10918 Ibis Reserve Circle West  
Palm Beach, FL. 33412

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/01/2016. (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  
09/19/2016  
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  
9/19/2016  
Date