

P16 UUU 79006

(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:

Office Use Only

W16UUU 63866

SEP 27 2015

T. SCOTT



400289963344

09/12/16--01039--027 **70.00

10 SEP 26 PM 12:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2016

INTEGRITY BUSINESS SERVICES
224 GOLD RUSH ROAD
LEXINGTON, KY 40503

SUBJECT: MENTAL HEALTH CONNECTION, INC
Ref. Number: W16000063866

We have received your document for MENTAL HEALTH CONNECTION, 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):

Both registered agent and incorporator must sign.,

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 416A00019729

RECEIVED
16 SEP 26 PM 5:00
INTEGRITY BUSINESS SERVICES

COVER LETTER

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

SUBJECT: MENTAL HEALTH CONNECTION, 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: INTEGRITY BUSINESS SERVICES

Name (Printed or typed)

224 GOLD RUSH ROAD

Address

LEXINGTON KY 40503

City, State & Zip

859-335-5281

Daytime Telephone number

IBSLLC@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: MENTAL HEALTH CONNECTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4452 TAMARIND WAY

c/o 224 GOLD RUSH RD

NAPLES, FLORIDA 34119

LEXINGTON, KY 40503

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MENTAL HEALTH SERVICES TO ANY AND ALL RESIDENTS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK PUGH

Name and Title: _____

Address 4452 TAMARIND WAY

Address: _____

NAPLES FLORIDA 34119

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 SEP 26 PM 12:00

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: RICHARD O'ROURKE

Address: 4452 TAMARIND WAY

NAPLES, FLORIDA 34119

ARTICLE VII INCORPORATOR

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

Name: RICHARD OROURKE

Address: 4452 TAMARIND WAY

NAPLES, FLORIDA 34119

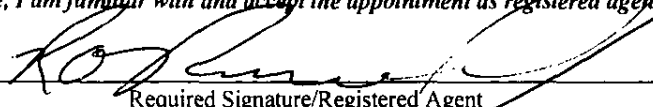
ARTICLE VIII EFFECTIVE DATE:

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

9/23/14
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

23/SEPT/14
Date