

PI6000087907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

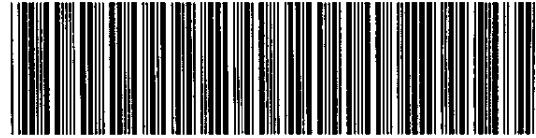
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600291357656

10/31/16--01012--005 **87.50

FILED
2016 OCT 31 AM 8:50
SEAL OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV - 3 2016

COVER LETTER

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

SUBJECT: _____

Brevard Counseling Coalition, 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: _____

Michelle M. Hawks

Name (Printed or typed)

107 Wakefield Drive

Address

Indian Harbour Beach, FL 32937

City, State & Zip

321-704-0494

Daytime Telephone number

michellemhawks@gmail.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: Brevard Counseling Coalition, Inc. FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

107 Wakefield Drive
Indian Harbour Beach, FL 32937

2016 OCT 31 AM 8:50

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation
will be to provide counseling/mental health services
to individuals within the community.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle M. Hawks Name and Title: _____

Address 107 Wakefield Drive Address: _____
Indian Harbour Beach, FL
32937

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Name and Title: _____

FILED

Address _____

Address: _____

2016 OCT 31 AM 8:50

DEPARTMENT 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: _____

Michelle M. Hawks

Address: _____

107 Wakefield Drive

Indian Harbour Beach, FL 32937

ARTICLE VII INCORPORATOR

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

Name: _____

Michelle M. Hawks

Address: _____

107 Wakefield Drive

Indian Harbour Beach, FL 32937

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 27, 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

Michelle M. Hawks

Required Signature/Registered Agent

10/27/16

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.

Michelle M. Hawks

Required Signature/Incorporator

10/27/16

Date