

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Patterns Behavioral Services Florida, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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AUG 30 2017

T. SCOTT

COVER LETTER

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

SUBJECT: Patterns Behavioral Services Florida, 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: Joseph S. Schuchert

Name (Printed or typed)

Sullivan Krieger Truong Spagnola & Klausner

Address

444 West Ocean Boulevard, Suite 1700, Long Beach, CA 90803

City, State & Zip

(562) 597-7070

Daytime Telephone number

jschuchert@sktlawyers.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 NAMEThe name of the corporation shall be: Patterns Behavioral Services Florida, Inc.**ARTICLE II - PRINCIPAL OFFICE**Principal street address12000 N. Dale Mabry Hwy, Suite 112
Tampa, FL 33618

Mailing address, if different is:

c/o The SAILS Group, Inc.20058 Ventura Boulevard, #53
Woodland Hills, CA 91364**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Provision of social services.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ihab Shahawi (CEO-Director)Address: The SAILS Group, Inc.
20058 Ventura Boulevard, #53
Woodland Hills, CA 91364Name and Title: Paul Burke (CFO)Address: The SAILS Group, Inc.
20058 Ventura Boulevard, #53
Woodland Hills, CA 91364

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Joseph S. Schuchert / Sullivan Krieger, etc.

Address: 444 W. Ocean Boulevard, Suite 1700

Long Beach, CA 90802

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 days prior or 90 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

C T Corporation System

By: Chris Rickard, Assistant Secretary. Date

Required Signature/Registered Agent

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.

Joseph S. Schuchert
Required Signature/Incorporator8/25/17
Date