

# P17000075076

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA PROFIT/NON PROFIT CORPORATION TRADEWINDS RECOVERY & TREATMENT INC.

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2017

CORP USA

SUBJECT: TRADEWINDS RECOVERY & TREATMENT INC  
REF: W17000073056

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The Registered Agents name.

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.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H17000240061  
Letter Number: 017A00018471

P.O BOX 6327 - Tallahassee, Florida 32314

5

**COVER LETTER**

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

**SUBJECT:** TRADEWINDS RECOVERY & TREATMENT CENTER 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:** \_\_\_\_\_  
Name (Printed or typed)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip  
\_\_\_\_\_  
Daytime Telephone number  
\_\_\_\_\_  
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: TRADEWINDS RECOVERY & TREATMENT CENTER INC.

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 2000 N. FLORIDA MANGO RD.  
WEST PALM BEACH  
FL. 33409  
Mailing address, if different is: \_\_\_\_\_

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES  
The number of shares of stock is: 100 - one Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NORMA S. DUNN, PD Name and Title: \_\_\_\_\_  
Address: 2000 N. FLORIDA MANGO RD Address: \_\_\_\_\_  
WEST PALM BEACH  
FL 33409

Name and Title: LIZA J. DUNN, VPD Name and Title: \_\_\_\_\_  
Address: 2000 N. FLORIDA MANGO RD Address: \_\_\_\_\_  
WEST PALM BEACH  
FL. 33409

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

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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: JULIAN FRANK RODRIGUEZ  
 Address: 2000 N. FLORIDA MANGO RD.  
WEST PALM BEACH, FL 33409

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: LIZA J. DUNN  
 Address: 2000 N. FLORIDA MANGO RD.  
WEST PALM BEACH, FL 33409

**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

Overlapped by:  
JULIAN FRANK RODRIGUEZ Required Signature/Registered Agent 9/5/17 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, P.S.

[Signature] Required Signature/Incorporator 9/5/17 Date