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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TRADEWINDS RECOVERY & TREATMENT INC.

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September 7, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

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The Registered Agents name.

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Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H17000240061
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P.O BOX 6327 – Tallahassee, Florida 32314

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
Address: 2000 N. FLORIDA MANGO RD
WEST PALM BEACH
FL 33409

Name and Title:
Address:

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

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

17 SEP 14 PM 2:06
TALLAHASSEE, FLORIDA

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: Lizzo 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

Digitally signed by: julian Rodriguez

Required Signature/Registered Agent — Date: 9/5/17

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 — Date: 9/5/17