

P.17 000080488

(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

N. SAMS

OCT 09 2017



600304083006

10/06/17--01021--013 \*\*87.50

FILED  
17 OCT -6 11:3:23  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Positive Alternatives 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: James A. Jones Jr - Positive Alternatives Inc.  
Name (Printed or typed)

2731 Colonial Blvd # 207  
Address

Fort Myers, FL 33907  
City, State & Zip

770-5729641

Daytime Telephone number

JallenJones4@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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Positive Alternatives Inc 17 OCT -6 3:23

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: 2731 COLONIAL BLVD #207 FORT MYERS, FLORIDA 33907

2731 COLONIAL BLVD #207  
FORT MYERS, FLA 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

a Behavioral Health organization  
specifically designed to provide mental health,  
critical incident debriefing, and substance abuse  
services.

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Jones President

Address: 2731 Colonial Blvd  
Fort Myers, FLA 33907

Name and Title: Ms. Doris Jones V.P.

Address: 163 Trafalgar Court  
Kennesaw, GA

Name and Title: Garry Little Secretary

Address: 163 Trafalgar Court  
Kennesaw, GA

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: James A. Jones Jr

Address: 2731 Colonial Blvd #207  
Fort Myers, Fla. 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A. Jones Jr  
Address: 2731 Colonial Blvd #207  
Fort Myers, Fla. 33907

FILED  
17 OCT -6 3:23  
TALLAHASSEE, FLORIDA

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*

\_\_\_\_\_  
Required Signature/Registered Agent

9/25/17  
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, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

9/25/17  
Date