

P19000039860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

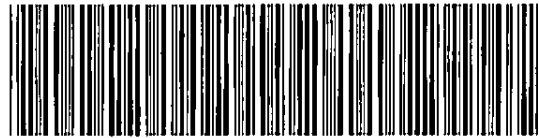
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600329351366

05/13/19--01007--014 ++78.75

FILED
2019 MAY 13 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
SECRET OF STATE
MAY 13 2019

MAY 14 2019

K. Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BayCare Health Managment Services Corp.

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____



Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

COVER LETTER

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

SUBJECT: BayCare Health Management Services Corp.

(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: David F Jackson

Name (Printed or typed)

1751 1st Ave. N.

Address

St. Petersburg, FL 33713

City, State & Zip

727-471-8087

Daytime Telephone number

davidfjackson@baycare.us

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: BayCare Health Management Services Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1751 1st Ave. N.

St. Petersburg, FL 33713

Mailing address, if different is:

1751 1st Ave. N.

St. Petersburg, FL 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BayCare has been providing behavioral health services since 1995.

Those services include but not limited to: Men's Domestic Violence Classes (BIP), Women's Domestic Violence Classes (BIP)

Substance Abuse (various levels), Anger Management, Individual Counseling, Couples Counseling, Family Counseling,

Mental Health Evaluations etc

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David F Jackson, President, Program Dir.

Address 1751 1st Ave. N.

St. Petersburg, FL 33713

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
2019 MAY 13 AM 9:54
SECRETARY OF STATE
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: David F Jackson
Address: 1751 1st Ave. N.
St. Petersburg, FL 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David F Jackson
Address: 1751 1st Ave. N.
St. Petersburg, FL 33713

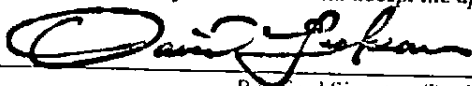
ARTICLE VIII EFFECTIVE DATE:

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

5-12-19

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

5-12-19

Date