

P22000053976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

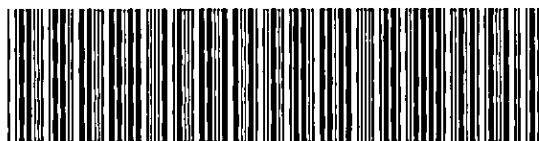
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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JUL -7 2022

07/07/22--0100--021 **70.00

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DIVISION OF
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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CERTIFIED COPY

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INC

1. **SANCTUARY BEHAVIORAL HEALTH INTERNATIONAL, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

22 JUL -6 AM 3:18
FBI
TALLAHASSEE, FL
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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: Sanctuary Behavioral Health International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

982 Boston Highway

Monticello, FL 32344

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Shawn Hoskins - D. P

Name and Title: _____

Address 984 Boston Highway

Address: _____

Monticello, FL 32344

Name and Title: Sesi Akoto - D, VP

Name and Title: _____

Address 984 Boston Highway

Address: _____

Monticello, FL 32344

Name and Title: Stephen Aburime - D, S, T

Name and Title: _____

Address 984 Boston Highway

Address: _____

Monticello, FL 32344

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CLERK OF COURT
JUL 22 2015

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: Stephen Aburime
Address: 114 NW Dixie Street
Greenville, FL 32331

22 JUL - 6 AM 3:18

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Edward Tsuji
Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

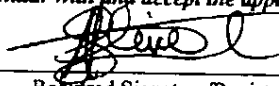
ARTICLE VIII EFFECTIVE DATE:

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

07/01/2022

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

07/01/2022

Date