

P23000020412

(Requestor's Name)

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(City/State/Zip/Phone #)

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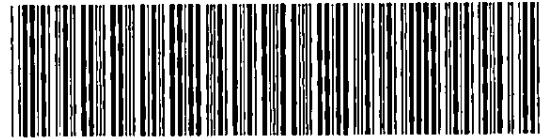
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03/17/23

NAME: BH MANAGEMENT 770, INC.

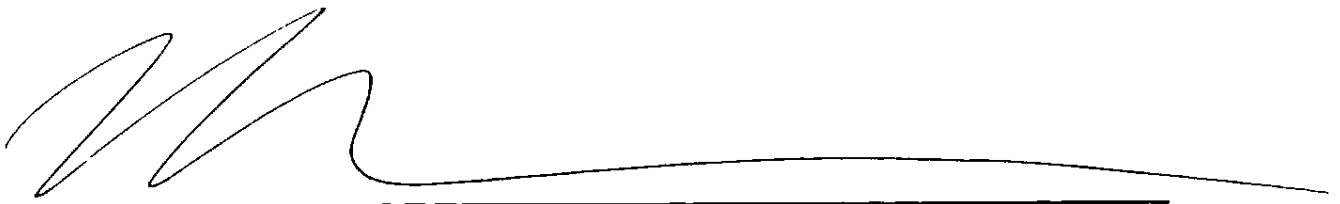
TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: BH Management 770, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Adam Nesenoff

Name (Printed or typed)

10281 Crosswind Rd

Address

Boca Raton, FL 33498

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: BH Management 770, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18700 Ocean Mist Dr
Boca Raton, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To manage operations and marketing for behavioral health facilities.

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TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Nesenoff, President Name and Title: David Nesenoff, VP

Address: 18700 Ocean Mist Dr Address: 18700 Ocean Mist Dr
Boca Raton, FL 33498 Boca Raton, FL 33498

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Adam Nesenoff

18700 Ocean Mist Dr

Address: Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

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

Name: Adam Nesenoff

18700 Ocean Mist Dr

Address: Boca Raton, FL 33498

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE: 3-17-23

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

ad Nesenoff

Required Signature/Registered Agent

3-17-23

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.

ad Nesenoff

Required Signature/Incorporator

3-17-23

Date