

P96000020652

(M) PLEASE PRINT

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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96 MAR -5 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W96-4461
631 531



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 28, 1996

PAULINE VELEZ
PO BOX 2283
VERO BEACH, FL 32961

SUBJECT: ALTERNATIVES COUNSELING CENTER, INC.
Ref. Number: W96000004461

We have received your document for ALTERNATIVES COUNSELING CENTER, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Sheldon Bream
Document Specialist

Letter Number: 696A00008680

TRANSMITTAL LETTER

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

SUBJECT: Alternatives Counseling Center, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

SEE LETTER	
<input checked="" type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
Additional Copy Required	

FROM: Pauline Velez, MSW, LCSW
Name (printed or typed)
8655 104th Ave
Address
Vero Beach, FL 32967
City, State & Zip
(407) 589-5977
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: Alternatives Counseling Center, Inc.

ARTICLE II

The principle place of business and mailing address of this corporation shall be:

333 17th Street
Suite M
Vero Beach, Florida 32960

and mailing address shall be: P.O. Box 2283
Vero Beach, Florida 32961

ARTICLE III

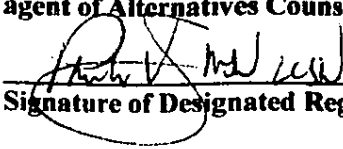
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares distributed equally among the three principle owners; All shares enjoy equal rights to corporate dividends, to assets on the corporation's dissolution, and to vote.

ARTICLE IV

The name and address of the initial registered agent is:

Pauline Velez, MSW, LCSW
8655 104th Ave.
Vero Beach, Florida 32967
Telephone # (407) 589-5977

I, Pauline Velez, MSW, LCSW, hereby accept article of the designated registered agent of Alternatives Counseling Center, Inc.


Signature of Designated Registered Agent

2-22-96

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

The names, addresses, offices, and percentages of ownership's of the incorporator(s) are:

**Pauline Velez, MSW, LCSW
8655 104th Ave.
Vero Beach, Florida 32967
Title: President
Percentage of ownership of business: 33 1/3**

**Lisa Terry, MSW, LCSW
430 14th Street S.W.
Vero Beach, Florida 32967
Title: Vice-president
Percentage of ownership of business: 33 1/3**

**Sarah Katherine Ward
8655 104th Ave.
Vero Beach, Florida 32967
Title: Secretary/Treasurer
Percentage of ownership of business: 33 1/3**

THE CORPORATION PURPOSE

To provide ethical, quality, and dependable bio-psycho-social services to individuals and groups on the Treasure Coast to the best of our professional ability. To provide individual, family, couples, teens, and group psycho-therapy, including but not limited to grief counseling, crisis intervention, geriatric care management, stress management, parent education, behavioral management, guidance counseling, career counseling, meditation and relaxation techniques, and any other business and contracting work incidental to or connected with such work.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.**

1. The name of the corporation is: Alternatives Counseling Center, Inc.

2. The name and address of the registered agent and office is:

**Pauline Velez, MSW, LCSW
8655 104th Ave.
Vero Beach, Florida 32967**

*Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.*


(Signature)

2-22-96
(Date)