

N12000000526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

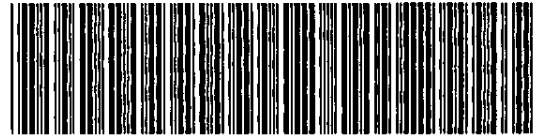
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/17/12

11-12-057

COVER LETTER

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

SUBJECT: Palm Beach Association for Marriage
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
and Family Therapy, Inc.

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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dr. Rob Eubanks
Name (Printed or typed)

223 N. K. St.
Address

Lake Worth FL 33460
City, State & Zip

561-385-9184
Daytime Telephone number

drrob@bridgetosolutions.com
E-mail address: (to be used for future annual report notification)

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

RECEIVED

12 JAN 13 AM 10:09



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2011

DR. ROB EUBANKS
223 N. K. ST.
LAKE WORTH, FL 33460

SUBJECT: PALM BEACH ASSOCIATION FOR MARRIAGE AND FAMILY
THERAPY
Ref. Number: W11000062957

We have received your document for PALM BEACH ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of 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 (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 911A00028162

*Check was already
submitted at first
Sending*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Palm Beach Association for Marriage and Family Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
223 N.K. St.
Lake Worth, FL 33460

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide support, networking & training to licensed mental health practitioners in palm beach County.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Biannual elections by member vote & board approval.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Lisa Palmer / President
Address: 2200 N. Federal Hwy
Suite 230
Boca Raton, FL 33431

Name and Title: Dr. Rob Eubanks / President elect & Treasurer
Address: 223 N.K. St.
Lake Worth, FL 33460

Name and Title: Tina Montalvo
Address: Secretary
1280 N. Congress Ave
West Palm Beach, FL 33409

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rob Eubanks
Address: 223 N.K. St.
Lake Worth FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rob Eubanks
Address: 223 N.K. St.
Lake Worth FL 33460

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature of Registered Agent

12/13/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

12/18/11
Date