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TRANSMITTAL LETTER

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

900003325119--1
-07/17/00--01122--005
*****70.00 *****70.00

SUBJECT: Annette R. Maguire M.S., 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Annette R. Maguire
Name (Printed or typed)

3200 US Hwy 27 South, Suite 304
Address

Sebring, FL 33870
City, State & Zip

863-314-0622
Daytime Telephone number

Annette Maguire GAVE
AUTHORIZATION BY PHONE TO
CORRECT art IV
DATE 7-25-00
DOC. EXAM BR

FILED
00 JUL 25 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. REGISTER JUL 25 2000
W-18232

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:

Annette R. Maguire M.S., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3200 US Hwy 27 S., Suite 304
Sebring, Fl. 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mental Health Counseling

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Annette R. Maguire M.S.

- Only Officer -

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Annette R. Maguire M.S.
3200 US Hwy 27 S., Suite 304
Sebring, Fl. 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Annette R. Maguire M.S.
3200 US Hwy 27 S., Suite 304
Sebring, Fl. 33870

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/Registered Agent

Date

7/2/00

Signature/Incorporator

Date

7/2/00

FILED

00 JUL 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA