# P03000040403

|   | •                 |             |  |  |
|---|-------------------|-------------|--|--|
| (Re                                     | questor's Name)   |             |  |  |
|   |                   |             |  |  |
| (Ad                                     | dress)            | <del></del> |  |  |
| V ***                                   |                   |             |  |  |
|   |                   |             |  |  |
| (Ad                                     | dress)            |             |  |  |
|   |                   |             |  |  |
| (Cit                                    | y/State/Zip/Phone | ∋#)         |  |  |
|   |                   |             |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |
|   | <del></del>       | <del></del> |  |  |
|   |                   |             |  |  |
| (Bus                                    | siness Entity Nan | ne)         |  |  |
|   |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
|   |                   |             |  |  |
| Cartified Conies                        | Cartificatos      | of Status   |  |  |
| Certified Copies Certificates of Status |                   |             |  |  |
|   |                   |             |  |  |
| Special Instructions to F               | Filing Officer:   |             |  |  |
|   | -                 | }           |  |  |
|   |                   | Ì           |  |  |
|   |                   | ì           |  |  |
|   |                   |             |  |  |
|   |                   | }           |  |  |
|   |                   | ]           |  |  |
|   |                   | 1           |  |  |
|   | <del></del>       |             |  |  |

Office Use Only



400015049314

04/04/03--01028--006 \*\*78.75

2003 APR -4 PM 12: 13

GG 4/10/03

# TRANSMITTAL LETTER

2003 APR -4 PM 12: 13

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

| Taliahassee, FL 323  | 314  | <u>-</u>   |   |
|----------------------|--|--|---|
| SUBJECT: Ro          | semary Barreras, PA                        |  |   |
|                      | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)   |
|                      |  |  |   |
| Enclosed are an orig | ginal and one (1) copy of the arti         | cles of incorporation and                          | d a check for:  |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED |
| FROM:                | Rosemary Barreras                          |  |   |
|                      | Name                                       | (Printed or typed)                                 |   |
|                      | 2231 North University Driv                 | e, Suite C   |   |
|                      | 7  | Address  | - <u> </u>  |
|                      | Pembroke Pines, FL 3302                    | 4  |   |
| •                    | City,                                      | State & Zip  | <del></del>   |
|                      | (954) 989-8818                             |  |   |

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

Daytime Telephone number

#### 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:

Rosemary Barreras, PA

2003 APR -4 PM 12: 13

TALLAHASSEE FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2231 North University Drive, Suite C Pembroke Pines, FL 33024

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for the organization of this corporation is to provide psychotherapeutic services in the community.

#### ARTICLE IV SHARES

The number of shares of stock is:

100 shares of stock

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

#### ARTICLE VI REGISTERED AGENT

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

Rosemary Barreras-Freire 2231 North University Drive, Suite C Pembroke Pines, FL 33024

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rosemary Barreras-Freire 2231 North University Drive, Suite C Pembroke Pines, FL 33024

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

4/2/03

Signature/Incorporator

Date