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(Address)

(Address)

(City/State/Zip/Phone #)

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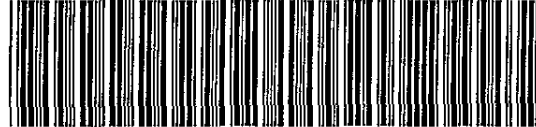
(Business Entity Name)

(Document Number)

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04 MAR 15 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Beth Robinson, MS, LMHC, P.A.

(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
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: Beth Robinson

Name (Printed or typed)

2925 SW 32nd Avenue

Address

Ocala, FL 34474

City, State & Zip

(352) 895-2401

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 3, 2004

BETH ROBINSON
2925 SW 32ND AVENUE
OCALA, FL 34474

SUBJECT: BETH ROBINSON, MS, LMHC, P.A.
Ref. Number: W04000008710

We have received your document for BETH ROBINSON, MS, LMHC, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a Registered Agent and the address in Article VI and that person must sign on the signature line.

Please return the 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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 104A00014269

RECEIVED
04 MAR 15 AM 8:14
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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:

Beth Robinson, MS, LMHC, P.A.

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04 MAR 15 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Place of Business: 3002 SE 1st Avenue, Ocala, FL 34471

Mailing Address: 2925 SW 32nd Avenue, Ocala, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Association as a Licensed Mental Health Counselor in the State of Florida.

To practice mental health evaluation, counseling, and consultation.

To practice vocational rehabilitation consultation.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Beth Robinson, 2925 SW 32nd Avenue, Ocala, FL 34474, Chief Executive Officer

ARTICLE VI REGISTERED AGENT

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

N/A Beth Robinson 2925 SW 32nd Avenue, Ocala FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beth Robinson, 2925 SW 32nd Avenue, Ocala, FL 34474

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

Beth Robinson

Signature/Registered Agent

3/6/2004

Date

Beth Robinson

Signature/Incorporator

2/18/2004

Date