

P070000015742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

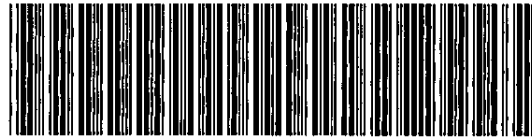
(Business Entity Name)

(Document Number)

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01/05/07--01011--002 \*\*78.75

2007 FEB -2 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

cf. 2-5

**COVER LETTER**

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

**SUBJECT:** Alonso Psychological Services Corp.  
(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:** Dr. Maria Alonso  
Name (Printed or typed)

3634 NW 11 Street  
Address

Miami, Florida 33125  
City, State & Zip

786-709-8556  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2007

DR. MARIA ALONSO  
3634 NW 11 ST.  
MIAMI, FL 33125

SUBJECT: ALONSO PSYCHOLOGICAL SERVICES CORP.  
Ref. Number: W07000000772

We have received your document for ALONSO PSYCHOLOGICAL SERVICES CORP. 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 407A00001091

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07 FEB -5 PM 1:45

RECEIVED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**  
2007 FEB -2 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Alonso Psychological Services Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3634 NW 11 Street, Miami, Florida 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide Psychological Services.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Dr. Maria Alonso, President  
3634 NW 11 Street, Miami, Florida 33125

**ARTICLE VI REGISTERED AGENT**

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

Dr. Maria Alonso  
3634 NW 11th St.  
Miami, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Maria Alonso  
3634 NW 11 ST.  
Miami, FL 33125

\*\*\*\*\*  
*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

11/15/06

Date



Signature/Incorporator

1/8/07

Date