

**P10000028879**

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
LOURDES BARRIOS, MS, LMHC PA

Certificate of Status	0
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April 1, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

\*\*\*EXPRESS CORPORATE FILING SERVICE INC.\*\*\*

SUBJECT: LOURDES BARRIOS, MS, LMHC PA  
REF: W10000016167

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

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Eula Peterson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000072615  
Letter Number: 610A00008027

**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:

**LOURDES BARRIOS, MS, LMHC PA**

**ARTICLE II                      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is

14952 SW 30 TERRACE

MIAMI, FL 33185

**ARTICLE III                      PURPOSE**

**PSYCHOLOGY THERAPIST**

**ARTICLE IV                      SHARES**

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

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

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

**LOURDES BARRIOS, AS PRESIDENT**

14952 SW 30 TERRACE

MIAMI, FL 33185

**ARTICLE VI                      REGISTERED AGENT**

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

**LOURDES BARRIOS**

14952 SW 30 TERRACE

MIAMI, FL 33185

**ARTICLE VII                      INCORPORATOR**

The name and address of the Incorporator is:


**LOURDES BARRIOS**

14952 SW 30 TERRACE

MIAMI, FL 33185

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated, I am familiar with and accept the appointment as registered agent to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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