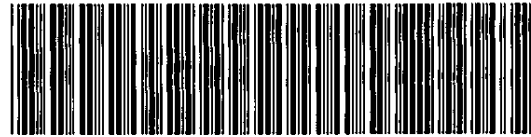


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06/16/11--01030--001 \*\*78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Dr. Conrad gave authorization to correct shares. dec 7/7*

Office Use Only

FILED  
2011 JUN 30 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SC  
6-17-11 ~~P110000032867~~

**COVER LETTER**

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

**SUBJECT: Dr Nydia Conrad & Associates Inc**  
(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 Nydia Conrad  
Name (Printed or typed)

3737 Maryweather Ln  
Address

Wesley Chapel, FL 33544  
City, State & Zip

8134806427  
Daytime Telephone number

drnydiaconrad@aol.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE, FL  
JUN 30 2011

2011 JUN 30 PM 2:30

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JUN 30 AM 10:38

DIVISION OF CORPORATIONS

June 17, 2011

DR NYDIA CONRAD  
3737 MARYWEATHER LANE  
WESLEY CHAPEL, FL 33544

SUBJECT: DR NYDIA CONRAD & ASSOCIATES INC.  
Ref. Number: W11000032867

We have received your document for DR NYDIA CONRAD & ASSOCIATES INC. 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6924.

Sharon Collins  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00014784

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

**ARTICLE I NAME** Dr Nydia Conrad & Associates Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 3737 Maryweather Ln  
Wesley Chapel, Fl 33544  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Psychologist's office and group practice.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1

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

Name and Title: <u>Nydia Conrad owner</u>	Name and Title: _____
Address: <u>3737 Maryweather Ln</u>	Address: _____
<u>Wesley Chapel, Fl 33544</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Dr Nydia Conrad  
Address: 3737 Maryweather Ln  
Wesley Chapel, Fl 33544

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Nydia Conrad  
Address: 3737 Maryweather Ln  
Wesley Chapel, Fl 33544

FILED  
2011 JUN 30 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

Nydia Conrad Required Signature/Registered Agent 6/13/11 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Nydia Conrad Required Signature/Incorporator 6/13/11 Date