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## **COVER LETTER**

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

## SUBJECT: Greene Professional Counseling INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles 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:	Myrtle H Greene				
110	Name (Printed or typed)				
	1902 Shadow Ridge Trail				
	Jacksonville Florida 32225				
	City, State & Zip				
	904-535-5639				
	Daytime Telephone number				
	greeneprofessionalcounseling@gmail.com  E-mail address: (to be used for future annual report notification)				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF The name of the corporation shall be: Greene Professional Counseling INC. 2014 JAN -2 PM 3: 42 ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 12086 Fort Caroline Road 1902 Shadow Ridge Trail Suite 404 #3 Jacksonville Florida 32225 Jacksonville Florida 32225 The purpose for which the corporation is organized is: to provide mental health counseling ARTICLE III PURPOSE to adolescent and adult that will include individual, couples and family sessions. ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: James Greene Sr/ CEO Myrtle H Greene, Owner/Founder Name and Title 1902 Shadow Ridge Trail 1902 Shadow Ridge Trail Address Jacksonville Florida Jacksonville Florida 32225 32225 Name and Title: Diane Grant/ Director Name and Title 5523 Cabot Drive North Address Address: Jacksonville Florida 32244 Eudelia Thomas/ CEO assistant officer Name and Title: Name and Title: 2219 Hovington Circle Address Address: Jacksonville, Florida 32246

SECRETARY OF STATE

Name an	d Title:	Name and Title:	2014 JAN 2 PM 3: 42
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	James E Greene Sr.		
Address:	1902 Shadow Ridge Trail	_	
	Jacksonville Florida 32225		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Myrtle H Greene		
Address:	1902 Shadow Ridge Trail		
	Jacksonville Florida 32225		
I submit this doc	Required Signature/Registered herein are Department of State Constitutes a third degree felon	istered agent and agree to describe the describer to the state of the	nct in this capacity  \[ \frac{1}{1}\frac{1}{4}\]  Date  Talse information submitted in a