

P18000070252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

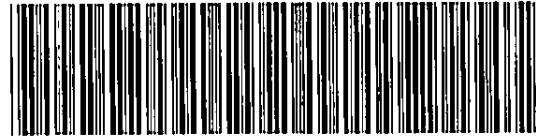
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 15 PM 3:45  
TALLAHASSEE, FLORIDA



1.877.692.6772

[www.mycorporation.com](http://www.mycorporation.com)

## Routine Filing Request

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

**RE: Deborah E. Grayson P.A.**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a certified copy.

Please return the certified copy to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.  
26025 Mureau Rd, Suite 120,  
Calabasas, CA 91302

## COVER LETTER

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

**SUBJECT:** Deborah E. Grayson 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: My Corporation Business Services Inc  
Name (Printed or typed)

26025 Mureau Rd Ste 120  
Address

Calabasas, CA 91302  
City, State & Zip

877-692-6772  
Daytime Telephone number

processing@mycorporation.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  
OF  
Deborah E. Grayson P.A.**

A Florida Professional Service Corporation

In compliance with Chapter 607 and/or Chapter 621, Florida Statutes:

**ARTICLE I NAME**

The name of the corporation shall be Deborah E. Grayson P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business is:

11555 Heron Bay Blvd. Suite 200  
Coral Springs, FL 33076

**ARTICLE III PURPOSE**

The specific purpose for which the corporation is organized is to engage in the practice of the profession of Clinical Psychologist and Sexologist.

**ARTICLE IV SHARES:**

The number of shares of stock the corporation shall be authorized to issue is 1,500 at \$0.01 par value per share.

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

The name(s) of the initial officer(s); and/or the name(s) and address(es) of the initial director(s) are:

**Officers:**

**President:** Deborah Grayson

**Vice President:** Deborah Grayson

**Treasurer:** Deborah Grayson

**Secretary:** Deborah Grayson

**Directors:**

Deborah Grayson  
11555 Heron Bay Blvd. Suite 200  
Coral Springs, FL 33076

**ARTICLE VI REGISTERED AGENT**

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

Deborah Grayson  
11555 Heron Bay Blvd. Suite 200  
Coral Springs, FL 33076

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 AUG 15 PM 3:45  
TALLAHASSEE, FLORIDA

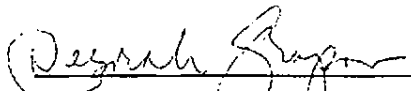
**ARTICLE VII INCORPORATOR**

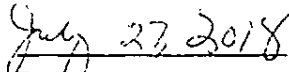
The name and address information of the incorporator is:

Carri Brown 26025 Mureau Rd Ste 120 Calabasas, CA 91302-3103

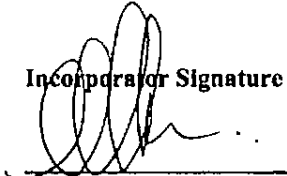
**Registered Agent Consent:**

*Having been named as registered agent and 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.*

  
Deborah Grayson, Registered Agent

  
Date

**Incorporator Signature**



Carri Brown, Incorporator

8.03.2018

Date

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA