

P07000015742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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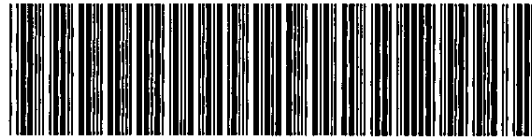
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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

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

RECEIVED
07 FEB -5 PM 1:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

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

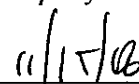


Signature/Registered Agent

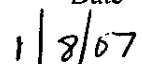


Signature/Incorporator

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



Date



Date