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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Creative Counseling, DIAME ALTHER, CSW, P.C.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Diave Alther
(Name of Person)
Creative Courseling, Diane Alther, Cow, JC, (Firm/Company)
(Firm/Company)
PO Box 1296
Dunellon, 4l, 34430
(City/State and Zip code)
For further information concerning this matter, please call: Drawe Alther at (352) 465 - 2118 ON 35 878 4785 - 1992 (Name of Person) (Area Code & Daytime Telephone Number) ON 1992 ON 1992
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$\frac{1}{2}\$ \$78.75 Filing Fee & \$\frac{1}{2}\$ \$78.75 Filing Fee & Certificate of Status & Certified Copy & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. <u>CREATIVE Counseling</u> , <u>DIANE Abther</u> , <u>CSW</u> , <u>P.C.</u> , <u>Caperation</u> (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
DIANE ALTHER LCSW, PC (or PA?) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 11-3287306 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/12/1995 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Dhavit done business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)
7. Office: 108 N: Magnolia ave, Ocala, Il, 34475 - Seute 500A
P.O. Box 1296, Durrellon, Il, 34430 (Current mailing address)
8. Courseling and Psychotherapy (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jane Ather
Office Address: 108 N. Magnelia Ove, Suite 500 A FR & TO D Cala, Il Florida 34475 (City) (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Dlave Ather	
Address: 108 N. Magnolia ave, Suite 500A Olala, Fl, 34475	
Of a 0 - 40 31/07	
Deala, At, 39475	
Vice Chairman:	
Address:	
Director:	
Address:	
	
Director:	
Address:	
B. OFFICERS	
President: Drave Alther = =	
Address: 108 N. Magnolia ave Suite SOOA TO	
Ocala, 49 34475	
RAT 3	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. <u>Deave Alther</u>	
(Signature of Director or Officer listed in number 12 of the application)	
14. DIANE ALTHER President	
(Typed or printed name and capacity of person signing application)	

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of CREATIVE COUNSELING, DIANE ALTHER, C.S.W., P.C. was filed on 05/12/1995, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

> Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of June two thousand and five.

Secretary of State

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