

F17 000001517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

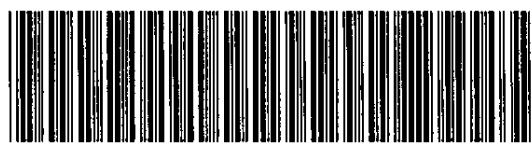
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APR 05 2017
S. YOUNG

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TALLAHASSEE, FLORIDA
17 MAR 10 PM 3:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2017

RANDALL L COOPER
870 HIGH STREET
CHESTERTOWN, MD 21629

SUBJECT: PSYCHOTHERAPEUTIC SERVICES INC.
Ref. Number: W17000021157

We have received your document for PSYCHOTHERAPEUTIC SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- Attached

~~A certificate of existence~~ or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

~~The document must contain both the street address of the principal office and the mailing address of the entity.~~

Please return 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00004775

17 MAR 10 PM 3:04

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TALLAHASSEE, FLORIDA

2017 APR -3 AM 11:05
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Psychotherapeutic Service Inc.
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," or "Certificate of Good Standing" 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:

Randall L. Cooper
Name of Person

Psychotherapeutic Service Inc.
Firm/Company

870 High Street
Address

Chestertown, MD 21629
City/State and Zip code

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAR 10 PM 3:04

For further information concerning this matter, please call:

Randall L Cooper at (410) 810-2468
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & 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. Psychotherapeutic Service Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 52-1586206
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 24, 1988 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. February 11, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 870 High Street Chestertown MD 21629
(Principal office address)

870 High Street Chestertown MD 21629
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Grace Wasielewski

Office Address: 9694 Blue Stone Circle

Ft. Myers, Florida 33913
(City) (Zip code)

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9. 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.

[Handwritten signature]
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: D. Cherry Jones

Address: 326 Stirrup Key Blvd

Marathon, FL 33050

Vice President: Ralph Wolf

Address: 125 E Merritt Island Cswy Ste 209

Merritt Island, FL 32952-3680

Secretary: _____

Address: _____

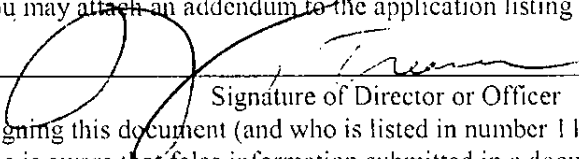
Treasurer: Randall L. Cooper

Address: 870 High Street Chestertown, MD 21629

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Randall L Cooper, Treasurer, CFO

(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSYCHOTHERAPEUTIC SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 10 PM 3:04




Jeffrey W. Bullock, Secretary of State

2170467 8300

SR# 20172034602

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202272360

Date: 03-28-17