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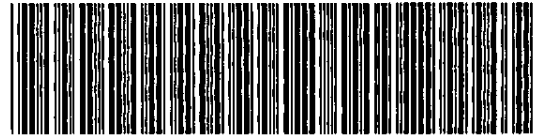
(Business Entity Name)

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12 JAN 13 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/17/12

## COVER LETTER

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

SUBJECT: Palm Beach Association for Marriage  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
and Family Therapy, Inc.

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Dr. Rob Eubanks  
Name (Printed or typed)

223 N. K. St.  
Address

Lake Worth FL 33460  
City, State & Zip

561-385-9184  
Daytime Telephone number

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

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

RECEIVED

12 JAN 13 AM 10:09



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2011

DR. ROB EUBANKS  
223 N. K. ST.  
LAKE WORTH, FL 33460

SUBJECT: PALM BEACH ASSOCIATION FOR MARRIAGE AND FAMILY  
THERAPY

Ref. Number: W11000062957

We have received your document for PALM BEACH ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00028162

*Check was already  
submitted at first  
Sending*

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be: Palm Beach Association for Marriage and Family Therapy, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

223 N.K. St.  
Lake Worth, FL 33460

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide support, networking & training to licensed mental health practitioners in palm beach County.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Biannual elections by member vote & board approval.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Lisa Palmer / President  
Address: 2200 N. Federal Hwy  
Suite 230  
Boca Raton, FL 33431

Name and Title: Dr. Rob Eubanks / President elect & Treasurer  
Address: 223 N.K. St.  
Lake Worth, FL 33460

Name and Title: Tina Montalvo  
Address: Secretary  
1280 N. Congress Ave  
West Palm Beach, FL 33409

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rob Eubanks  
Address: 223 N.K. St.  
Lake Worth FL 33460

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rob Eubanks  
Address: 223 N.K. St.  
Lake Worth FL 33460

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]  
Required Signature of Registered Agent

12/13/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]  
Required Signature of Incorporator

12/18/11  
Date

FILED  
12 JAN 13 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA