

N1300007331

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 12 PM 12:38

Ps 8/16/13

COVER LETTER

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

SUBJECT: The Mediation Clinic, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: Bonita G. Para, MS

Name (Printed or typed)

4205 Arthur Street

Address

Hollywood, Florida, 33021

City, State & Zip

954-668-1539

Daytime Telephone number

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

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ARTICLE I NAME

The name of the corporation shall be: The Mediation Clinic, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

Bonita G. Para, MS

4205 Arthur Street

Hollywood, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide dispute resolution

processes like mediation and facilitation to the public at an

affordable rate, and to provide education and training

in dispute resolution processes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As described in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bonita G. Para, MS, Executive Director

Name and Title: _____

Address 4205 Arthur Street

Address: _____

Hollywood, FL

33021

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 AUG 12 PM 12:38

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Bonita G. Para, MS
Address: 4205 Arthur Street
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Bonita G. Para, MS
Address: 4205 Arthur Street
Hollywood, FL 33021

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

Bonita G. Para MS
Required Signature of Registered Agent

08.08.2013
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.

Bonita G. Para MS
Required Signature of Incorporator

08.08.2013
Date