

# N98000004353

## TRANSMITTAL LETTER

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

FILED  
98 JUL 27 PM 2:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: Postpartum Adjustment Resources of Central Florida  
(Proposed corporate name - must include suffix)  
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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sheridane Lyon-Reese  
Name (Printed or typed)

1013 Merien Ct  
Address  
600002599796--0  
-07/27/98--01125--006  
\*\*\*131.25 \*\*\*131.25

Oviedo FL 32765  
City, State & Zip

(407) 366-4901  
Daytime Telephone number

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

mm 7-28-98

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

### ARTICLE I NAME

The name of the corporation shall be:

Postpartum Adjustment Resources of Central Florida, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1013 Merien Ct  
Oviedo FL 32765

### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

- to aid women suffering from postpartum Disorders, ie blue, depression, psychosis, obsessive compulsive disorder, panic disorder
- educate public & medical profession about Postpartum Disorders
- work for law changes regarding how insurance companies pay for treatment of PPD, and for state law requiring that information be given to all Florida women on PPD before dismissal from hospital following childbirth, and to conduct any lawful business and carry out that business in any state, territory, district, or possession of the United States or in any foreign country, to the extent not forbidden by law.

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Directors to be elected at general meeting to be held at least once per year.

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Sheridane Lyon-Reese  
1013 Merien Ct  
Oviedo FL 32765

### ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Sheridane Lyon-Reese  
1013 Merien Ct, Oviedo, FL 32765

Sheridane Lyon-Reese  
Signature/Incorporator

July 16, 1998  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sheridane Lyon-Reese  
Signature/Registered Agent

July 21, 1998  
Date