

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Joan S. Mason, LCSW CAP, P.A.

Certificate of Status	0
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N. Culligan JAN 4 2000

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be

Joan S. Mason, LCSW CAP, P.A.
100 23rd Avenue
Apt. 4
Pass-A-Grille, Fl. 33706

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ARTICLE II PRINCIPAL OFFICE

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

100 23rd Avenue
Apt. 4
Pass-A-Grille, Fl. 33706

ARTICLE III SHARES

The number(s) of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES
NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
prepared by:

Name: Joan S. Mason, LCSW CAP
Address: 100 23rd Avenue Apt. 4
Pass-A-Grille, Fl. 33706

Joan S. Mason, LCSW CAP
100 23rd Avenue Apt. 4
Pass-A-Grille, Fl. 33706

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FROM : ACCOUNTING & TAX HELP INC.

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Jan. 04 2000 12:57PM P3

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P.01

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Dec. 05 1999 11:13:41 P3

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ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

Joan S. Mason, LCSW CAP
100 23rd Avenue
Apt. 4
Pass-A-Grille, FL. 33706

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are) :

Joan S. Mason, LCSW CAP
100 23rd Avenue
Apt. 4
Pass-A-Grille, FL. 33706

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

3rd day of January, 2000

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

X Joan S. Mason, LCSW CAP
Signature

Signature

Signature

Notarization is not required

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

Joan S. Mason LCSW CAP, P.A.
(Social Worker / Therapist)

Providing Counseling and Therapy to the Socially Disadvantaged

2. The name and address of the registered agent and office is:

Joan S. Mason
(Name)

100 23rd Avenue Apt. 4
(P.O. Box not acceptable)

Pass-A-Grille, FL 33706
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*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.*

Joan S. Mason LCSW CAP DATE 1/3/2000
(Signature)
PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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