

# PO000037667

## TRANSMITTAL LETTER

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

500003190385--4  
-03/30/00--01031--016  
\*\*\*\*131.25 \*\*\*\*\*87.50

Subject: **WILTON PSYCHOLOGICAL GROUP**  
(Proposed corporate name - must include Suffix)  
EIN # 65 - 0982284

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

From

**Bruce Butler**  
**1881 N.E. 26th Street, Suite 232**  
**Wilton Manors, FL 33305**  
**(954) 564-5751**

954  
797-5222  
\* 29

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

W-8897  
CIB



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 4, 2000

BRUCE BUTLER  
1881 N. 26TH STREET, STE.232  
WILTON MANORS, FL 33305

SUBJECT: WILTON PSYCHOLOGICAL GROUP  
Ref. Number: W00000008897

We have received your document for WILTON PSYCHOLOGICAL GROUP and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the 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) 487-6930.

Carolyn Batten  
Document Specialist

Letter Number: 400A00018296

# 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:

WILTON PSYCHOLOGICAL GROUP, Inc.

## ARTICLE II - PRINCIPAL OFFICE

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

1881 N.E. 26th Street, Suite 232  
Wilton Manors, FL 33305  
(954) 564-5751

## ARTICLE III - SHARES

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

100 Shares of Common Stock at \$1.00 per share

## ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bruce Butler  
1881 N.E. 26th Street, Suite 232  
Wilton Manors, FL 33305

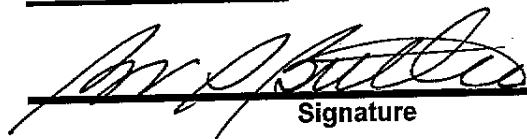
## ARTICLE V - INCORPORATORS

The names and street addresses of the Incorporators to these Articles of Incorporation are:

Bruce I. Butler  
3001 S.W. 18th Terrace, Lot#154  
Fort Lauderdale, FL 33312  
SS#: 160-40-1053

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
15th day of February 1998

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERIGNED 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: WILTON PSYCHOLOGICAL GROUP, Inc.
2. The name and address of the registered agent and office is:

Bruce I. Butler

(Name)

1881 N.E. 26th Street, Suite 232

(P.O. Box not acceptable)

Wilton Manors, FL 33305

(City/State/Zip)

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.

  
(Signature)

3/22/2000  
(Date)