

TRANSMITTAL LETTER

**P000000076016**

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

SUBJECT: STORCH and Associates  
(Proposed corporate name - must include suffix)

000003326950--7  
-07/19/00--01006--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Nancy D. Storch  
Name (Printed or typed)

3227 NE 34<sup>th</sup> ST.  
Address

Ocala, FL 34479  
City, State & Zip

352-622-4432  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 19 PM 3:29

505  
W00-18262  
W30

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

8/10/00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 10 PM 3:29

July 28, 2000

NANCY D. STORCH  
3227 NE 34TH STREET  
OCALA, FL 34479

SUBJECT: STORCH AND ASSOCIATES, P.A.  
Ref. Number: W00000018262

We have received your document for STORCH AND ASSOCIATES, P.A..  
However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in  
the document.

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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 900A00041202



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 10 PM 3:29

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 21, 2000

NANCY D. STORCH  
3227 NE 34TH STREET  
OCALA, FL 34479

SUBJECT: STORCH AND ASSOCIATES  
Ref. Number: W00000018262

We have received your document for STORCH AND ASSOCIATES. However, the document has not been filed and is being returned for the following:

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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 900A00040041

## ARTICLES OF INCORPORATION

00 AUG 10 PM 3:29

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

### ARTICLE I NAME

The name of the corporation shall be:

STORCH and ASSOCIATES, P.A.

### ARTICLE II PRINCIPAL OFFICE

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

3227 NE 34<sup>th</sup> ST.  
OCALA, FL 34479

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NANCY D. STORCH  
3227 NE 34<sup>th</sup> ST.  
OCALA, FL 34479

### ARTICLE V INCORPORATOR

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

NANCY D. STORCH  
3227 NE 34<sup>th</sup> ST.  
OCALA, FL 34479

  
\_\_\_\_\_  
Signature/Incorporator

7/26/00  
\_\_\_\_\_  
Date

8/5/00 this business will do therapy (counseling)  
with human beings. NANCY D. STORCH

(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.

X   
\_\_\_\_\_  
Signature/Registered Agent

X 7/26/00  
\_\_\_\_\_  
Date