POIOODOS SUBJECTIVE BATE OI- 18-2001

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

OI JAN 22 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SUBJECT:	Kidz Psyc	Ch P.A. TE NAME – <u>MUST INCLI</u>	*****78.
Enclosed is an origina	I and one(1) copy of the article		
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM: John Stewart Name (Printed or typed) 116 27 NW 48th Ct Address			
	<i>Coral G</i> City, 954-899	<i>DV ings F1 3307</i> State & Zip 1-6446	76

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

Daytime Telephone number

* ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Kidz Psych P.A.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11627 NW 4844 C+ Coral Springs FI 5944 Coral Ridge dr. Coral Springs, Fl 33076

<u>ARTICLE</u> III **PURPOSE**

The purpose for which the corporation is organized is:

Provide psychological services

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

John Stewart - President 11627 NW 48th Ct Coral Springs, F1 33076

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

John Stewart - President 116 27 NW 48th Ct-Coral Springs, F1 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Stewart 11627 NW 48th

Coral Springs, =1 33076 article VIII: Effective Pate: 1-18-01

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

Signature/Registered Agent

Signature/Incorporator