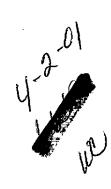
# P0/880032966 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 200003888472--0 -03/20/01--01080--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

	•		
SUBJECT:	V.E. Lund,	Corp	-
	(Proposed corpora	te name - must include suffi	x)
	•		
Enclosed is an original ar	nd one(1) copy of the article	s of incorporation and a	check for:
\$70.00	<b>1</b> \$78.75	□\$122.50	□ \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	& Certificate	& Certifical Copy	& Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: Victoria Elaine Lund			
Name (Printed or typed)			
	f.o. Box 387		APR -2 CRETAR) LLAIIASS
	Ac	idress	, , , , , , , , , , , , , , , , , , , ,
	Wacissa, Fl	2.266	E.F.COM
City, State & Zip			

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

Daytime Telephone number





# FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 26, 2001

VICTORIA ELAINE LUND P. O. BOX 387 WACISSA, FL 32361

SUBJECT: V.E. LUND, CORP. Ref. Number: W01000006650

We have received your document for V.E. LUND, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 487-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 901A00017946

# 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:

V.E. Lund, Corp

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 387, Highway 259 Wacissa, Florida 32361

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Psychiatric Practice and Healthcare Consulting

### ARTICLE IV SHARES

The number of shares of stock is:

The number of shares of stock that this corporation is authorized to have outstanding at one time is 1000.

#### ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Victoria Elaine Lund P.O. Box 387, Highway 259 Wacissa, Florida 32361

#### ARTICLE VI REGISTERED AGENT

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

Victoria Elaine Lund P.O. Box 387, Highway 259 Wacissa, Florida 32361

Victoria Elaine Lund 1407 M.D. Lane, Suite B Tallahassee, Fl 32308

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Victoria Elaine Lund P.O. Box 387, Highway 259 Wacissa, Florida 32361

Signature/Registered Agent

Signature/Incorporator

Date

Date 7

Date