

TRANSMITTAL LETTER

D01000046217

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

FILED
01 MAY -4 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: PSYCHOTHERAPY ASSOCIATES OF South Florida, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004137220--2
-05/04/01--01100--002
*****78.75 *****78.75

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: CHRISTINE KADIN
Name (Printed or typed)

5425 Tenth FAIRWAY DR #3
Address

Delray BEACH FL 33484
City, State & Zip

(561) 350 0647
Daytime Telephone number

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

B. BROWN MAY - 9 2001

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:

Psychotherapy Associates of South Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5425 Tenth Fairway Drive #3
Delray Beach FL 33484

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing psychotherapy services, education, ~~counseling~~, ~~consulting~~, ~~coaching~~ services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Christine Kadlin
5425 10 FAIRWAY DR #3
Delray Beach FL 33484

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine Kadlin
5425 10 FAIRWAY DR #3
DELRAY BEACH FL 33484

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

Date

4/27/01

Signature/Incorporator

Date

4/27/01

FILED
MAY -4 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA