TRANSMITTAL LETTER

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

Advanced Child & Family Psychiatry. Inc. (proposed corporate name - must include suffix)

Enclose 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 Fec,

Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:	Advanced Child & Family Psychiatry, Inc.		7000 041921977	
	Name (Printed or typed)			-05/10/0101006003
	115 S. W. 89th Way		·· ·	*****87.50 *****87.50
	Address			
	Coral Springs, Fl 33071			
	City, State & Zip			
	(954) 753-7957			
	Dayome Telephone number			

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

ARTICLES OF INCORPORATION

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:

Advanced Child & Family Psychiatry, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5821 NE 20th Avenue

Fort Lauderdale, Florida 33308

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:

Clinton Allen Musil Jr. MD 5821 NE 20th Avenue

Fort Lauderdale, Florida 33308

ARTICLE V INCORPORATOR

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

Clinton Allen Musil Jr. MD

5821 NE 20th Avenue

Fort Lauderdale, Florida 33308

ARTICLE VI OFFICERS

The name and title of the Officers to these Articles of Incorporation are:

Clinton Allen Musil Jr. MD

President / Secretary

Director

Signature/Incorporator

(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 from familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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