

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

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# FLORIDA PROFIT CORPORATION OR P

INNOVATIVE PSYCH SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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#### ARTICLES OF INCORPORATION

OF

Innovative Psych Solutions, Inc.

#### ARTICLE I - CORPORATE NAME & ADDRESS

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SECRETARY OF STATE
AND SEE, FLORIDA The name and address of the corporation is Innovative Psych Solutions, Inc. located at of 3501 Jackson Street Suite #405 Hollywood, Fl 33021 ARTICLE II - DURATION

The corporation shall have perpetual existence.

#### ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all-lawful business.

#### ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue ten thousand (10,000) shares of one dollar (\$1.00) per value common stock.

#### ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase her pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this 3501 Jackson Street Suite #405 Hollywood, Fl 33021 and the name of the initial registered agent of this corporation at that address is Keiron Brown

#### PREPARED BY:

ERIC YANKWITT 1975 EAST SUNRISE BLVD., SUITE 522 FT. LAUDERDALE, FLORIDA 33304 (954) 763-2829

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#### ARTICLE VII – INITIAL BOARD OF DIRECTORS

This corporation shall have ONE director initially. The number of Directors may be either increased of diminished from time to time by the Bylaws but shall never be less than one. The name and address of the initial director of this corporation is:

NAME: Keiron Brown

ADDRESS: 3501 Jackson Street Suite #405 Hollywood, Fl 3302).

#### VIII - INCORPORATOR

The name and address of the person signing these Articles is Keiron Brown 3501 Jackson Street Suite #405 Hollywood, Fl 33021

#### ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law

#### ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this Day of ,2001

Keiron Brown

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34 of the Florida Statutes, the following is submitted, in compliance with said act:

First that Innovative Psych Solutions, Inc. desiring to organize under the laws of the State of Florida with its principle office, as indicated in the Articles of Incorporation at the City of Ft. Lauderdale, County of BROWARD, State of Florida has named Keiron Brown located at 3501 Jackson Street Suite #405 Hollywood, Fl 33021, county of BROWARD, State of Florida, as its agent to accept service of process within the state.

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## ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of the said act relative to keeping open said office

Keiron Brown, Registered Agent

## STATE OF FLORIDA

## COUNTY OF BROWARD

SERIAL NUMBER:

BEFORE ME, a Notary Public authorized to take acknowledgments in the state and county set forth above, personally appeared Keiron Brown, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, or who has produced identification as shown below and did take an oath and who acknowledged his/her execution of the foregoing Articles of Incorporation to be his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, in the state and county aforesaid, this day of

# NOTARY PUBLIC, STATE OF FLORIDA AT LARGE NOTARY PLEASE CHECK ONE: ( ) PERSON SIGNING DOCUMENT PERSONALLY KNOWN TO ME. ( ) PERSON SIGNING DOCUMENT PROVIDED THE FOLLOWING FORM OF IDENTIFICATION TYPE: SERIAL TYPE:

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