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FILED

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Department of State

Division of Corporations

P. O. Box 6327

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

SUBJECT: M, P, PIZZO and PISSOCIATES F, F.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status  OPY REQUIRED

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Name (Printed or typed)

Name (Printed or typed)

Name (Printed or typed)

Address

MAMI

City, State & Zip

Daytime Telephone number

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

#### ARTICLES OF INCORPORATION OF

### M. P. RIZZO and ASSOCIATES, P.A..

THE UNDERSIGNED, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following articles of incorporation for such corporation/professional association:

#### Article I.

The name of the corporation/professional association is: M. P. RIZZO and ASSOCIATES, P.A..

#### Article II.

The principal place of business of the corporation/professional association and mailing address is: 1031 Ives Dairy Road, Suite 220, MIAMI FL 33179.

#### Article III.

The general purposes for which the corporation/professional association is organized are:

- a. For the general purpose of doing any lawful business.
- b. To do such other things as are incidental to the above or desirable in order to accomplish the foregoing.
- c. To engage in any other lawful trade or business which can, in the opinion of the Board of Directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.
- d. The specific purpose of this professional association is to provide psychological services which include diagnostic testing, individual and group counseling and related services to adults and children in need.

IV.

The corporation/professional association shall have authority to issue 100 shares, all of one class, no par value.

V.

The name, address and title of the Director is: MICHAEL P. RIZZO,1031 Ives Dairy Road, Suite 220, MIAMI FL 33179.

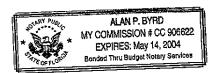
VI.

The name and address of the initial registered agent is: MICHAEL P. RIZZO,1031 Ives Dairy Road, Suite 220, MIAMI FL 33179.

The name and address of the incorporator is: MICHAEL P. RIZZO.1031 lves Dairy Road, Suite 220, MIAMI FL 33179.

VIII.

The initial officers of the corporation are: President: MICHAEL P. RIZZO.				
Dated: 8/15/62 Michael P. RIZZO INCORPORATOR				
STATE OF FLORIDA COUNTY OF MIAMI DADE				
BEFORE ME, the undersigned authority, personally appeared MICHAEL P. RIZZO who provided his Florida driver's license no.: R 2 & -555 -58 - 38 identification and who subscribed the above Articles of Incorporation and did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.  IN WITNESS WHEREOF, I have set my official seal at, Miami Dade County, Florida, this/5 day of AUGUST, 2002.				
SWORN TO AND SUBSCRIBED BEFORE ME THIS 15 day of August 2002.  Alan P. Byyd.				
My Commission Expires: Notary Public State of Florida				
Personally Known OR Produced Identification  Type of Identification Produced FL OL				



## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that M.P. RIZZO and ASSOCIATES, P.A. desiring to organize under the laws of the State of Florida, with its principal office, at 1031 Ives Dairy Road, Suite 220, MIAMI FL 33179, as indicated in the articles of incorporation has named: Michael P. Rizzo as its agent to accept service of process within this State.

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

**SIGNATURE** 

MICHAEL P. RIZZO Registered Agent

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