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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

OLGA M. CASTRO LMHC P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

12-18-02

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:

OLGA M. CASTRO LMHC P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18092 SW 73 STREET, MIAMI, FLORIDA 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PRACTICE OF PSYCHOLOGY

ARTICLE IV SHARES

The number of shares of stock is:

10 SHARES OF \$50.00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

OLGA M. CASTRO, PRESIDENT, SECRETARY AND TREASURER 18092 SW 73 ST., MIAMI, FL 33193

ARTICLE VI REGISTERED AGENT

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

OLGA M. CASTRO 18092 SW 73 ST., MIAMI, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OLGA M. CASTRO 18092 SW 73 ST., MIAMI, FL 33193

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

✓ *Olga M. Castro*
Signature/Registered Agent

10-17-2002
Date

✓ *Olga M. Castro*
Signature/Incorporator

10-17-2002
Date

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TALLAHASSEE
FLORIDA

CERTIFICATE DESIGNATING 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 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT.

THAT: OLGA M. CASTRO LMHC P.A., DESIRING TO BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA AND ITS PRINCIPAL OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION OF THE STATE OF FLORIDA, HAS NAMED: OLGA M. CASTRO AS AGENT TO ACCEPT SERVICE WITHIN THIS STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY,, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT.



OLGA M. CASTRO, REGISTERED AGENT
OCT 17, 2002

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TALLAHASSEE FLORIDA