

P03000020578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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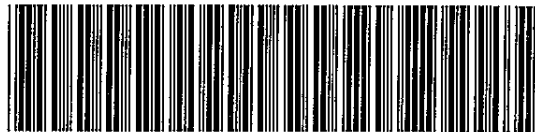
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 FEB 19 PM 1:09

FEB 20 2003 FEB 20

TRANSMITTAL LETTER

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

SUBJECT: Family Health Counseling Center Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DARIENE SILVERWAIL
Name (Printed or typed)

P.O. Box 18757
Address

WPB FLA 33416
City, State & Zip

561-3295186
Daytime Telephone number
433-0123

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

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:

Family Health Counseling Center Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2677 FOREST HILL BLVD
WPA FIA 33406
FHCC
PO BOX 18757
WPA FIA 33416

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OUT-PATIENT COUNSELING TREATMENT SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100 - Darlene Silvernail

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DARLENE SILVERNAIL
5719 IFFACA CIR EAST
LAKE WORTH FL 33463

ARTICLE VI REGISTERED AGENT

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

DARLENE SILVERNAIL
5719 IFFACA CIR EAST
LAKE WORTH FL 33463

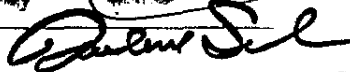
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FHCC INC
PO BOX 18757
WPA FL 33416

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



2/19/03

Date

Signature/Incorporator

PH. D CAP DAC LMHC CDVC-IV
EXC DIR/CEO

2/19/13

Date

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