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(Requestor's Name)

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(City/State/Zip/Phone #)

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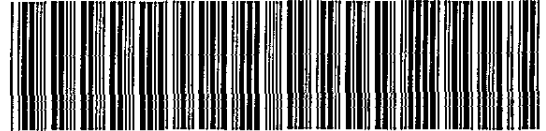
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-8447

ADD 02 0003

TRANSMITTAL LETTER

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

SUBJECT: Mindy C. Bisignano, Licensed Clinical Social Worker
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) P.A.

Enclosed 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 Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Mindy C. Bisignano, L.C.S.W.
Name (Printed or typed)

5663 B Fox Hollow Dr
Address

Boca Raton, FL 33486
City, State & Zip

561-347-8185
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 24, 2003

MINDY C BISIGNANO, L.C.S.W.
5663 B FOX HOLLOW DR
BOCA RATON, FL 33486

SUBJECT: MINDY C. BISIGNANO, L.C.S.W., P.A.
Ref. Number: W03000008447

We have received your document for MINDY C. BISIGNANO, L.C.S.W., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 903A00017905

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:

Mindy C. Bisignano, L.C.S.W., ^(me) ~~LLC~~ P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

100 E Linton Blvd. Suite 202A
Delray Beach, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Psychotherapy office for children + adults.
I provide the counseling in my own office.

ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 1 ~~100~~

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

(Self) Mindy C. Bisignano, LCSW, PA
5663 B Fox Hollow Dr.
Director — Boca Raton, FL 33486

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

~~Mindy C. Bisignano, LLC, P.A.~~ Anthony J. Bisignano SR
5663 B Fox Hollow Dr.
Boca Raton, FL 33486 (senior)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~Mindy C. Bisignano, LLC, P.A.~~ Anthony J. Bisignano
5663 B Fox Hollow Dr. (junior)
Boca Raton, FL 33486

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

Anthony J. Bisignano JR.

Date

3/14/03

Signature/Incorporator

Date

3/14/03