

PD3000044039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

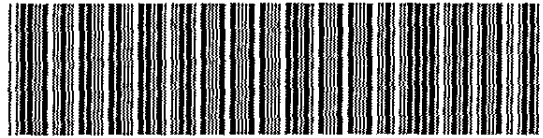
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 APR 17 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bm 4/21

## TRANSMITTAL LETTER

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

JUDY B. LASHER, PSY D, INC.

**SUBJECT:**

(Proposed corporate name -- must include suffix)

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

\_\_\_\_\_ X \$122.50  
Filing Fee  
& Certified Copy

\_\_\_\_\_ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:**

JUDY B. LASHER, PSY D

Name (printed or typed)

4690 Hamlets Grove Drive

Address

Sarasota, FL 34235

City, State, Zip Code

941 360-3360

Daytime Telephone Number

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

## ARTICLE OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

JUDY B LASHIER, PSY D, INC.

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### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4690 Hamlets Grove Drive  
Sarasota, Florida 34235

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Judy B Lasher, Psy D  
4690 Hamlets Grove Drive  
Sarasota, Florida 34235

**ARTICLE V INCORPORATOR(S)**

(See instructions for officers/directors)

The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):

Judy B Lasher, Psy D  
4690 Hamlets Grove Drive  
Sarasota, Florida 34235

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

15th day of April, 19 2003

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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*

1. The name of the corporation is:

JUDY B LASHER, PSY D, Inc.

2. The name and address of the registered agent and office is:

Judy B Lasher, Psy D

(Name)

4690 Hamlets Grove Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Sarasota, Florida 34235

(City, State, Zip Code)

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*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 the 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)

4/15/13  
(Date)