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TALLAHASSEE, FLORIDA

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5-8-03

**TRANSMITTAL LETTER**

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

SUBJECT: Creative Therapy Solutions, 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: Ellen Foster Mattingly  
Name (Printed or typed)  
11924 W. Forest Hill Blvd. STE 22  
Address  
Wellington, FL 33414  
City, State & Zip  
561-667-3800  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## Article I Name

The name of the corporation shall be:

Creative Therapy Solutions, Inc.

## Article II Principal Office

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

11924 West Forest Hill Blvd., Wellington, FL 33414

## 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 Florida street address of the initial registered agent is:

Ellen Foster Mattingly  
11924 W. Forest Hill Blvd Suite 22 - **397**  
Wellington, FL 33414

## Article V Incorporator

The name and address of the incorporator to these Articles of Incorporation are:

Ellen Foster Mattingly  
11924 W. Forest Hill Blvd Suite 22 - **397**  
Wellington, FL 33414

  
Signature/Incorporator

  
Date

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/Incorporator

  
Date

03 MAY - 1 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED