

PD3000063249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

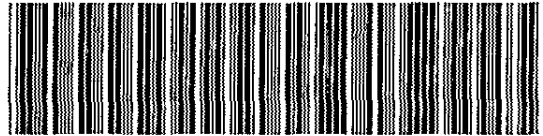
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/09/03--01019--005 \*\*78.75

RECEIVED  
03 JUN -9 AM 10:05  
STATE  
TALLAHASSEE, FLORIDA  
DEPT. OF REVENUE  
DIVISION OF REVENUE  
FALLINGWATER, FLORIDA

FILED

03 JUN -9 PM 1:12

OB 66

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. A & B PSYCHOLOGICAL ASSOCIATES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
A & B PSYCHOLOGICAL ASSOCIATES, INC.**

FILED  
03 JUN -9 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporators, 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:

**A & B PSYCHOLOGICAL ASSOCIATES, INC.**

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business of said corporation shall be at:

**17878 NORTH BAY ROAD #203, SUNNY ISLES, FL 33160**

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III  
CAPITAL STOCK**

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

**Five Hundred Shares**

Articles of Incorporation

**ARTICLE IV  
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Alfonso Valcarcel  
17878 North Bay Road # 203  
Sunny Isles, Fl 33160

**ARTICLE V  
INCORPORATORS**

The names and street addresses of the incorporators to these  
Articles of Incorporation are:

<b>NAME</b>	<b>ADDRESS</b>
Alfonso Valcarcel, President,	17878 N. Bay Rd. #203 Sunny Isles, Fl 33160
Barbara Iglesias, Treasurer & Secretary	17878 N. Bay Rd. # 203 Sunny Isles, Fl 33160

**IN WITNESS WHEREOF, WE**, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 4th day of June, 2003.

\_\_\_\_\_

\_\_\_\_\_

1 SS:

**BEFORE ME**, the undersigned authority, personally appeared Alfonso Valcarcel and Barbara Iglesias, who are known to me to be the persons described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signers respectively and the facts and matters therein set forth are true and correct.

Bullock



Juan Taboada  
MY COMMISSION # DD029185 EXPIRES  
September 29, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

Juan Tapoada  
MY COMMISSION # DD029185 EXPIRES  
September 29, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.