

PO3000079424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

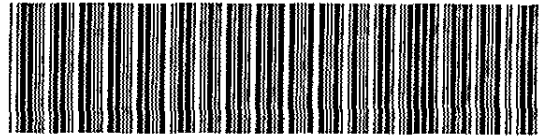
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: BEHAVIORAL PRACTICE 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: SCOTT D. SEGAL
Name (Printed or typed)
1628 DIPLOMATE DRIVE
Address
N MIAMI BEACH FL 33179
City, State & Zip
305-525-7676
Daytime Telephone number

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:

BEHAVIORAL PRACTICE SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7481 W OAKLAND PARK BLVD
LAUDERHILL FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SCOTT D. SEGAL PRESIDENT
1628 DIPLOMATE DRIVE
N MIAMI BEACH FL 33179

ARTICLE VI REGISTERED AGENT

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

THOMAS M. O'ROURKE C.P.A.
7481 W OAKLAND PARK BLVD
LAUDERHILL FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCOTT D. SEGAL
1628 DIPLOMATE DRIVE
N MIAMI BEACH FL 33179

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

 C.P.A.

Signature/Registered Agent

7/2/03

Date



Signature/Incorporator

7/2/03

Date

FILED

03 JUL 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA