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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: MARCIA SCHULTZ PSY.D INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75
Filing Fee	Filing Fee & Certificate

FROM: MARCIA SCHULTZ

1801 UNIVERSITY DRIVE

CORAL SPRINGS FL 33071

954-345-2292

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a 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:

MARCIA SCHULTZ PSY.D INC.

ARTICLE II PRINCIPAL OFFICE

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

A CLINICAL APPROACH COUNSELING CENTER
1801 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARCIA SCHULTZ
1801 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

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

MARCIA SCHULTZ
1801 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
10th day of October, 2003.
(An additional article must be added if an effective date is requested.)

Marcia Schultz
Signature

Signature

Signature

**Notarization is not required
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: **MARCIA SCHULTZ PSY.D INC.**
2. The name and address of the registered agent and office is:

**MARCIA SCHULTZ
1801 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071**

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.

Marcia Schultz
(Signature)

10-2-03
(Date)

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

TRANSMITTAL LETTER