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# TRANSMITTAL LETTER

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

SUBJECT: MAN	NCARI & ASSOCIATES, P A			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: F	RANK MANCARI JR	75 /		
	4530 BERISFORD BLVD	(Printed or typed) Address		
	PALM HARBOR, FL 34685 City, State & Zip			
	727-942-3176	Telenhone 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)

# <u>ARTICLE I NAME</u>

The name of the corporation shall be: MANCARI & ASSOCIATES, P A

FILED

03 OCT 27 AM 7:55

SECILLARIASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4530 BERISFORD BLVD PALM HARBOR, FL 34685

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PSYCHOLOGIST SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:

1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): FRANK MANCARI JR 4530 BERISFORD BLVD

PALM HARBOR, FL 346885 PRESIDENT

# ARTICLE VI REGISTERED AGENT

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

FRANK MANCARI JR 4530 BERISFORD BLVD PALM HARBOR, FL 34685

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK MANCARI JR 4530 BERISFORD BLVD PALM HARBOR, FL 34685

*************************************				
	g been named as registered agent to accept service of process for the cate, I am familiar with and accept the appointment as registered agent			
/		10/21/03		
	Signature/Registered Agent	Date		
/		10/21/03		
	Signature/Incorporator	Date		