

P03000151197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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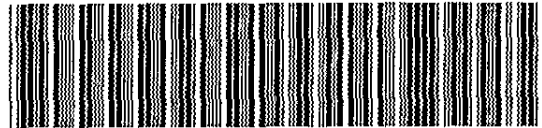
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/03--01014--002 **78.75

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 DEC -8 AM 7:44

FILED

12/12/06



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 6, 2003

LISA BLUM
174 ESPERANZA WAY
PALM BEACH GARDENS, FL 33418

SUBJECT: ADVANCED COUNSELING CENTER INC.
Ref. Number: W03000036940

RECEIVED
03 DEC 15 PM 3:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Counseling
A Psychological Center INC

We have received your document for ADVANCED COUNSELING CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 003A00065735

*P.S. Due I also set
A Tax ID #*

TRANSMITTAL LETTER

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

SUBJECT: Psychological
Advanced Counseling Center INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

LISA BLUM

Name (Printed or typed)

174 ESPERANZA WAY

Address

PALE BEACH AVE, FL 33418

City, State & Zip

561-856-6012

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:

1A Psychological
~~Advanced~~ Counseling
CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2001 Palm Beach Lakes B,
STE 502 M
WEST Palm Beach, ~~LAKES~~ FL. 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Counseling and
Psychotherapy

ARTICLE IV SHARES

The number of shares of stock is:

1000 100%

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SECRET
TALLAHASSEE, FLORIDA

03 DEC -8 AM 7:44

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ARTICLE VI REGISTERED AGENT

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

LISA BLUM
174 ESPERANZA WAY
P.O. BOX 151 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISA BLUM
174 ESPERANZA WAY
P.O. BOX 151 FL. 33418

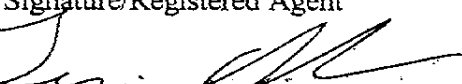
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-25-03

Date



Signature/Incorporator

11-25-03

Date