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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/12/04

TRANSMITTAL LETTER

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

SUBJECT: Deighleese Counseling Center, 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: Lisa Taylor, LMHC
Name (Printed or typed)

505 5th Avenue SW
Address

Largo, FL 33770
City, State & Zip

(727) 581-5497
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Deighleese Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Summit Office & Business Center
13575 58th St. North, Suite 101
Clearwater, FL 33760

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide group, individual, family, and substance abuse psychotherapeutic and psychoeducational counseling services.

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):

Lisa Taylor, LMHC (License # MH7738)
505 5th Avenue SW
Largo, FL 33770
Director

Lisa Taylor, LMHC

ARTICLE VI REGISTERED AGENT

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

Lisa Taylor, LMHC
505 5th Avenue SW
Largo, FL 33770

Lisa Taylor, LMHC

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lisa Taylor, LMHC
505 5th Avenue SW
Largo, FL 33770

Lisa Taylor, LMHC

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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

Lisa Taylor LMHC — Signature/Registered Agent — 2/1/04 — Date

Lisa Taylor LMHC — Signature/Incorporator — 2/1/04 — Date