

PO4000064259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600031735506

04/05/04--01031--011 \*\*87.50

FILED  
04 APR 19 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WD4-13803

## TRANSMITTAL LETTER

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

SUBJECT: Adonai Counseling and Continuing Education Services and Seminar  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Incorporate

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: Carmen L. Fernandez-Serrano  
Name (Printed or typed)

P.O. Box 15436  
Address

Brooksville FL 34609  
City, State & Zip

352-754-6715 Ext. 157  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 8, 2004

CARMEN L FERNANDEZ SERRANO  
PO BOX 15436  
BROOKSVILLE, FL 34609

SUBJECT: ADONAI COUNSELING AND CONTINUING EDUCATION  
SERVICES AND SEMINARS  
Ref. Number: W04000013803

We have received your document for ADONAI COUNSELING AND CONTINUING EDUCATION SERVICES AND SEMINARS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete article VI. Please list the complete name.,

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 604A00023098

## 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:

Adonai Counseling And Continuing Education Services And Seminars  
Incorporated

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 15436  
Brooksville Florida 34609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Continuing Education for medical professionals to maintain  
their licenses as valid on a yearly basis.

### ARTICLE IV SHARES

The number of shares of stock is: 1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carmen L. Fernandez-Serrano → President  
3945 Sprucewood Place  
Land O' Lakes Florida 34639

### ARTICLE VI REGISTERED AGENT

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

Lucille Fernandez  
4575 Victoria Road  
Land O Lakes Fl. 34639

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carmen L. Fernandez-Serrano  
3945 Sprucewood Place  
Land O' Lakes Florida 34639

\*\*\*\*\*

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

Lucille Fernandez

Signature/Registered Agent

4-1-04

Date

[Signature]

Signature/Incorporator

4-1-04

Date

FILED  
04 APR 19 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA