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TRANSMITTAL LETTER

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

SUBJECT: M. BENJAMIN MEYERS, P.S.Y.D., P.A.
(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: M. BENJAMIN MEYERS, P.S.Y.D.
Name (Printed or typed)
5150 TAMIAW TRAIL ^{NORTH} SUITE 200
Address
NAPLES, FLORIDA 34103
City, State & Zip
239-777-9246
Daytime Telephone number

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OF FLORIDA

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:

M. BENJAMIN MEYERS, Psy.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5150 TAMIAWE TRAIL NORTH, Suite 200
NAPLES, FLORIDA 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAWS OF FLORIDA. SPECIFICALLY, OPERATION OF A CLINICAL HEALTH PSYCHOLOGY ORGANIZATION AND RELATED ACTIVITIES

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):

M. BENJAMIN MEYERS, Psy.D. - OWNER
5150 TAMIAWE TRAIL NORTH, Suite 200
NAPLES, FLORIDA 34103

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

M. BENJAMIN MEYERS, Psy.D.
5150 TAMIAWE TRAIL NORTH, Suite 200
NAPLES, FLORIDA 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M. BENJAMIN MEYERS, Psy.D.
5150 TAMIAWE TRAIL NORTH, Suite 200
NAPLES, FLORIDA 34103

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

M. J. W. Psy.D.

Signature/Registered Agent

M. BENJAMIN MEYERS, Psy.D.

Date

1-3-2005

M. J. W. Psy.D.

Signature/Incorporator

M. BENJAMIN MEYERS Psy.D.

Date

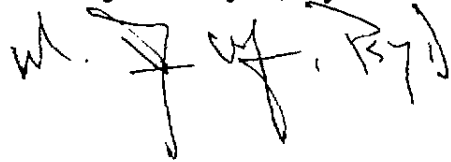
1-3-2005

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TALLAHASSEE, FLORIDA

Article VIII Effective Date of Corporation

January 3, 2005 is to be the effective start date of corporation.

M. Benjamin Meyers, PsyD

A handwritten signature in black ink, appearing to read "M. Benjamin Meyers, PsyD", written in a cursive style.