

P050000/8524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

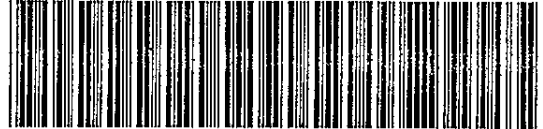
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Certificates of Status \_\_\_\_\_

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05 JAN 31 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED  
AND  
FILED

## TRANSMITTAL LETTER

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

SUBJECT: The Answers Centre, 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:

DR. Vanessa Pagés  
Name (Printed or typed)

2810-7171 SW 62nd Ave  
Address

Suite 301 S. Miami, FL  
City, State & Zip

305-308-2178  
Daytime Telephone number

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

APPROVED  
AND  
FILED

05 JAN 31 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

The Answers Centre, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7171 SW 62nd Ave. Suite 301  
South Miami, FL 33143

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Psychological services.

### ARTICLE IV SHARES

The number of shares of stock is:

1001.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pres./Director: Vanessa Pages, Psy.T  
VP. Robert Pages.

### ARTICLE VI REGISTERED AGENT

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


Robert Pages 717 SW 62nd Ave Ste.  
S. Miami, FL 33143  
Robert Pages

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

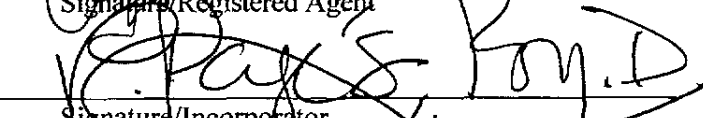
7171 SW 62nd Ave. Suite 301  
South Miami, FL 33143

\*\*\*\*\*  
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

 R. PAGES  
\_\_\_\_\_  
Signature/Registered Agent

1-26-05

Date

 R. PAGES, Psy.T  
\_\_\_\_\_  
Signature/Incorporator

1-26-05

Date