

PD5000050559

(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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CLERK OF COURT

C.F. 4-5

TRANSMITTAL LETTER

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

SUBJECT: Lizano Therapeutic Services, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lizano Therapeutic Services, Inc.
Name (Printed or typed)

11575 South Quayside Drive
Address

Cooper City, FL 33026
City, State & Zip

954-447-8835
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 16, 2005

LIZANO THERAPEUTIC SERVICES, INC.
11575 S. QUAYSIDE DR.
COOPER CITY, FL 33026

SUBJECT: LIZANO THERAPEUTIC SERVICES, INC.
Ref. Number: W05000013719

We have received your document for LIZANO THERAPEUTIC SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 505A00018109

RECEIVED

05 APR -4 AM 8:17

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:

Lizano Therapeutic Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Lizano Therapeutic Services, Inc.
11575 South Quayside Drive
Cooper City, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide counseling services to families in need of emotional support.

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):

Lydia Lizano - President
11575 South Quayside Drive
Cooper City, FL 33026

Anthony Lizano - Vice President
11575 South Quayside Drive
Cooper City, FL 33026

ARTICLE VI REGISTERED AGENT

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

Lydia Lizano
11575 South Quayside Drive
Cooper City, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lydia Lizano
11575 South Quayside Drive
Cooper City, FL 33026

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

Lydia Lizano
Signature/Registered Agent

2/28/05
Date

Lydia Lizano
Signature/Incorporator

2/28/05
Date