

PD5000060494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

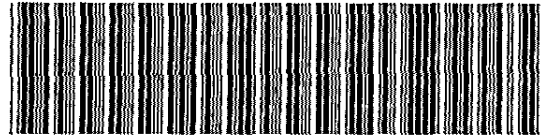
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2005 APR 22 A 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE APR 26 2005

TRANSMITTAL LETTER

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

SUBJECT: SIMMONS COUNSELING 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
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: ELKE SIMMONS
Name (Printed or typed)

3330 SW 21 ST.
Address

FT. LAUDERDALE FL 33312
City, State & Zip

954-683-8075
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 7, 2005

ELKE SIMMONS
3330 SW 21 ST
FT LAUDERDALE, FL 33312

SUBJECT: SIMMONS COUNSELING SERVICES P.A., INC.
Ref. Number: W05000017722

We have received your document for SIMMONS COUNSELING SERVICES P.A., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

I have enclosed a form for your convenience.

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 405A00023872

RECEIVED
05 APR 22 PM 4:00
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

20 April 2005

FILED

2005 APR 22 A 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sirs or Mesdames,

I would like to start a business providing therapeutic services in the Mental Health Counseling field, for which I am fully qualified and licensed by the state of Florida (MH7967).

Pursuant to Chapter 607 or 621 F.S. the following shall be the articles of the corporation:

Article I: The name of the corporation shall be Simmons Counseling Services, P.A.

Article II: The place of business shall be my home
3330 SW 21 St
Ft Lauderdale FL
33312

Article III: The purpose of the business shall be to provide counseling and psychotherapy.

Article IV: the number of shares of stock that this corporation shall have is one.

Article V: The sole officer of the business shall be Elke Simmons.

Article VI: The registered agent shall be:

Elke Simmonds
3330 SW 21 St
Ft Lauderdale FL
33312

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.

Signature of Registered Agent: Elke Simmons, MS, LMHC Date: 20 April 2005
Elke Simmons, MS, LMHC

Article VII: The name of the incorporator is : Elke Simmons

Signature of the Incorporator: Elke Simmons Date: 20 April 2005