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05 MAY -9 PM 2:54

TRANSMITTAL LETTER

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

SUBJECT: Ryan Psychological Test Center, 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: Leo R. Ryan Ph.D.

Name (Printed or typed)

134 48th Avenue North

Address

St. Petersburg, FL 33703-3918

City, State & Zip

(727) 526-8509

Daytime Telephone number

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

05 MAY -9 PM 2:54
STATE OF FLORIDA
DEPT. OF STATE

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:

Ryan Psychological Test Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

134 48th Avenue North
St. Petersburg, FL 33703-3918

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

The initial Board of Directors shall have two members whose names and addresses are as follows:

Dr.Solona S. Ryan, 134 48th Avenue North, St. Petersburg, FL 33703-3918

Dr. Leo R. Ryan, 134 48th Avenue North, St. Petersburg FL 33703-3918

ARTICLE VI REGISTERED AGENT

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

Dr.. Solona S. Ryan, 134 48th Avenue North, St. Petersburg, FL 33703-3918

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Leo R. Ryan, 134 48th Avenue North, St Petersburg, FL 33703-3918

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

Dr. Solona S. Ryan
Signature/Registered Agent

May 5, 2005
Date

Dr. Leo R. Ryan
Signature/Incorporator

May 5, 2005
Date