

POS000133368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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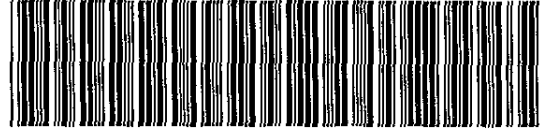
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** A & E PSYCHOTHERAPY SERVICES, 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:**

EDDA E. PENA

Name (Printed or typed)

1110 S.W. 97. Ave., Miami, FL. 33174

Address

Miami, FL. 33174

City, State & Zip

(305) 227-4115

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 20, 2005

EDDA E. PENA  
1110 SW 97 AVE  
MIAMI, FL 33174

SUBJECT: A & E PSYCHOTHEPARY SERVICES, P.A.  
Ref. Number: W05000043480

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

The specific nature of business of the professional association must be stated in the document.

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) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 705A00057578

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ARTICLES OF INCORPORATION

Professional Service Corporation

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation shall be: A & E PSYCHOTHERAPY SERVICES, P.A.
2. The purpose for which this corporation is organized is PRACTICE OF THE PROFESSION / PSYCHO THERAPIST SERVICES.
3. The principal place of business and mailing address of the corporation is:  
1110 S.W. 97th. Avenue, Miami, Fl. 33174
4. The corporation shall have the authority to issue one hundred shares of common stock, in one class only, each with a par value of \$ one.
5. The registered agent of the corporation is EDDA E. PENA and the registered street address is 1110 S.W. 97th. Ave., Miami, Fla. 33174, Florida
6. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows:  
EDDA E. PENA  
1110 S.W. 97th. Ave.  
Miami, Fl. 33174

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.


7. The incorporator of this corporation is EDDA E. PENA whose street address is 1110 S.W. 97th. Ave., Miami, Fl. 33174

Dated 9/14/05

  
EDDA E. PENA  
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 9/14/05

  
EDDA E. PENA  
Registered Agent