

P05000/34689

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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05 SEP 30 AM 9:19  
CLERK OF COURT  
STATE  
FLORIDA

11/11 10/4/15

## COVER LETTER

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

SUBJECT: Therapy4All, 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: Yaron Hillel, MA, LMHC, CRC

Name (Printed or typed)

8206 Riverboat Drive

Address

Tampa, FL 33637

City, State & Zip

8139847545

Daytime Telephone number

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

## 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:

Therapy4All, PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3716 West Swann Ave.,  
Tampa, FL 336309, USA

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional services: Psychotherapy & Rehabilitation, including psycho-education, college education, Psycho-social, sociological & anthropological professional services, Professional consultancy, and performing any other qualified and appropriate professional engagements legally allowable for LMHC, CRC licenses holders, and a holder of a Master's Degree in Sociology.

### ARTICLE IV SHARES

The number of shares of stock is:

1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yaron Hillel, MA, LMHC, CRC  
8206 Riverboat Drive  
Tampa, FL 33637

### ARTICLE VI REGISTERED AGENT

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

Yaron Hillel, MA, LMHC, CRC  
8206 Riverboat Drive  
Tampa, FL 33637

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Yaron Hillel, MA, LMHC, CRC  
8206 Riverboat Drive  
Tampa, FL 33637

\*\*\*\*\*

*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/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

9/28/05  
Date

9/28/05  
Date

FILED  
05 SEP 30 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA