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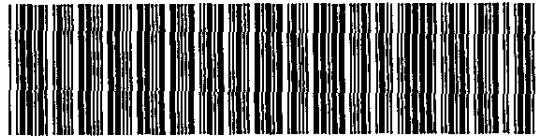
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: David J. Swartz, LCSW, PA
(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: David J. Swartz
Name (Printed or typed)

P.O Box 4584
Address

Fort Lauderdale Florida 33338
City, State & Zip

954-347-7948
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)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

David J. Swartz, LCSW, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O Box 4584
Fort Lauderdale FL 33338

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The provision of mental health services by David J. Swartz, LCSW who is a Licensed Clinical Social Worker and is licensed to practice under the Florida Statutes as a Licensed Clinical Social Worker in the State of Florida

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):

David J. Swartz, President/CEO
P.O Box 4584
Fort Lauderdale FL 33338

ARTICLE VI REGISTERED AGENT

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

David J. Swartz
7700 West Camino Real
Suite 100
Boca Raton FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David J. Swartz
P.O Box 4584
Fort Lauderdale FL 33338

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

Date

Signature/Incorporator

Date