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TALLAHASSEE, FLORIDA

T. Burch DEC 28 2005

TRANSMITTAL LETTER

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

SUBJECT: Elliott Consulting and 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: Sonia Elliott
Name (Printed or typed)

Brightton F # 222
Address

Boca Raton, Fl 33434
City, State & Zip

(561) 393-8777
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:

Elliott Consulting and Counseling Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

134 NW 16th Streeet, Suite 2, Boca Raton, Fl 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consulting, faith based counseling services and training in substance abuse, marriage, HIV/AIDS education, leadership and organizational development.

ARTICLE IV SHARES

The number of shares of stock is:

3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Sonia Elliott- Brighton F, Boca Raton, Fl 33434-President/Treasurer
#222

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Dr. Sonia Elliott- Brighton F, Boca Raton, Fl 33434
#222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Sonia Elliott- Brighton F, Boca Raton, Fl 33434
#222

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

12/12/2005

Date



Signature/Incorporator

12/12/2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA