

(Requestor's Name)

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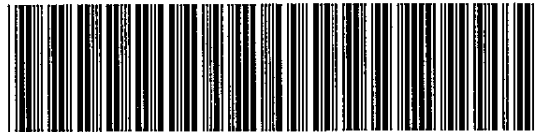
(Business Entity Name)

(Document Number)

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STATE  
SECRETARY, FLORIDA  
TALLAHASSEE, FLORIDA

~~11/25/2010~~

## COVER LETTER

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

SUBJECT: Vivienne Steinhardt, LCSW, 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: Denise L. Parrotta, P.A.  
Name (Printed or typed)

1200 N. Federal Highway, Ste. 305  
Address

Boca Raton, FL 33432  
City, State & Zip

(561) 368-6060  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2006

DENISE L PARROTTA, P.A.  
1200 N FEDERAL HIGHWAY STE 305  
BOCA RATON, FL 33432

SUBJECT: VIVIENNE STEINHARDT, LCSW, P.A.  
Ref. Number: W06000001346

We have received your document for VIVIENNE STEINHARDT, LCSW, 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) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filing Section

Letter Number: 606A00002144

**ARTICLES OF INCORPORATION**  
**OF**  
**VIVIENNE STEINHARDT, LCSW, P.A.**

FILED  
06 JAN -9 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the corporation is **VIVIENNE STEINHARDT, LCSW, P.A.**

**ARTICLE II - DURATION**

This corporation shall have perpetual existence.

**ARTICLE III - PURPOSE**

This corporation is organized in order to engage in any activity or business permitted under the laws of the State of Florida and of the United State of America. The incorporator is a Therapist.

**ARTICLE IV - CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is five hundred (500) shares, One Dollar (\$1.00) par value.

**ARTICLE V - PRINCIPAL ADDRESS**

The initial registered office and mailing address of this corporation is located at  
**6688 Tiburon Circle  
Boca Raton, FL 33433**

The name of the initial registered agent at such address is **Vivienne Steinhardt.**

**ARTICLE VI - DIRECTORS**

The corporation shall have one (1) directors initially, whose names and addresses are:

**NAME**

**Vivienne Steinhardt**

**ADDRESS**

**6688 Tiburon Circle  
Boca Raton, FL 33433  
(954) 360-4131**

**ARTICLE VII - SUBSCRIBER**

The name and street address of the incorporator of this corporation is as follows:

**NAME**

**Vivienne Steinhardt**

**ADDRESS**

**6688 Tiburon Circle  
Boca Raton, FL 33433**

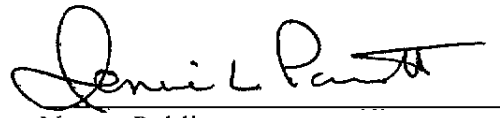
**IN WITNESS WHEREOF**, the undersigned subscriber has executed the foregoing  
Article of Incorporation this 5 day of December, 2005.

  
Vivienne Steinhardt

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**BEFORE ME** personally appeared Vivienne Steinhardt to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

**WITNESS** my hand and official seal in the County and State named above this 5 day of December, 2005.

  
Notary Public  
State of Florida at Large  
Denise L. Parrotta

My Commission Expires:



Denise L. Parrotta  
My Commission DD309880  
Expires June 14, 2008

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING UPON WHOM  
PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

LCSW,

That, **VIVIENNE STEINHARDT & P.A.**, desiring to organize under the Laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the City of **Boca Raton**, County of **Palm Beach**, State of Florida, has named:

Designee: **Vivienne Steinhardt**

Located at: **6688 Tiburon Circle  
Boca Raton, FL 33433**

County of: **Palm Beach**

State of: **Florida**

as its Agent to accept service of process within this State.

**ACKNOWLEDGMENT:** (Must be signed by Designated Agent)

Having been named to accept service of process for the above stated corporation, at place designate in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:



**Vivienne Steinhardt**  
Designated Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA