

PO6000105756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700078417307

08/14/06--01008--003 **78.75

FILED

2006 AUG 14 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 14 2006

COVER LETTER

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

SUBJECT: DAM Psyched, 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: Debra Marlowe, CMFT
Name (Printed or typed)

2999 NE 191 St suite 703
Address

Aventura, FL 33180
City, State & Zip

786-436-3363
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)

FILED

2006 AUG 14 PM 2:54

ARTICLE I NAME

The name of the corporation shall be:

DAM Psyched, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2999 NE 191 St Suite 703
Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

professional private practice
license MARRIAGE & FAMILY Therapist

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at \$1.00 a share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Debra Harlowe, LMFT DIRECTOR
2999 NE 191 St, Ste 703
Aventura, FL 33180

(No other officers)

ARTICLE VI REGISTERED AGENT

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

Brian Silverio
Silverio & Hall, P.A
150 W. Flagler St Penthouse 2850
Miami, FL 33130

(305) 371-2756

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debra Harlowe, LMFT
2999 NE 191 Street Suite 703
Aventura, FL 33180

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

Brian Silverio

Signature/Incorporator

Date

8/10/06

Date

8/10/06