

FD700000 7659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

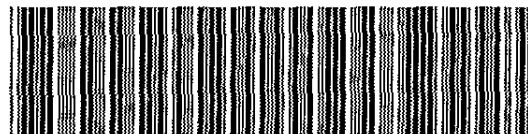
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Nerys Baiges GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 1/18/07
DOC. EXAM MRS

Office Use Only



300084558233

01/16/07--01058--007 **87.50

FILED
07 JAN 16 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
1/12/07

MRD
1/18/07

COVER LETTER

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

SUBJECT: Connect the Dots Family Institute, 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: Nerys M. Baigés
Name (Printed or typed)

22237 S.W. 97 Court
Address

Cutler Bay, FL 33190
City, State & Zip

786/226-4493
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

07 JAN 16 AM 10:54

ARTICLE I: NAME
Connect the Dots Family Institute, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Institute for Counseling Services.

EFFECTIVE DATE

1/12/07

ARTICLE II: PRINCIPAL OFFICE

The principal place of business, for the time being, is going to be at **22237 SW 97 Court, Cutler Bay, Florida 33190**. This is where records, equipment and other materials related to the nature of the business/corporation will be kept and stored. At the beginning, the services (sessions) will be conducted at the client's home until an office space can be secured. This will be the physical address as well as the mailing address.

ARTICLE III: PURPOSE

This Professional Corporation is open for the purpose of offering professional counseling services in the area mental health. Pursuant to Chapter 491 of the Florida Statutes these services may include: the use of scientific and applied marriage and family theories, methods, and procedures for the purpose of describing, evaluating, and modifying marital, family, and individual behavior, within the context of marital and family systems, including the context of marital formation and dissolution, and is based on marriage and family systems theory, marriage and family development, human development, normal and abnormal behavior, psychopathology, human sexuality, psychotherapeutic and marriage and family therapy theories and techniques. The practice of marriage and family therapy includes methods of a psychological nature used to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders or dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, and substance abuse. The practice of marriage and family therapy includes, but is not limited to, marriage and family therapy, psychotherapy, including behavioral family therapy, hypnotherapy, and sex therapy. The practice of marriage and family therapy also includes counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients, when using methods of a psychological nature

to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, or substance abuse. The practice of marriage and family therapy may also include clinical research into more effective psychotherapeutic modalities for the treatment and prevention of such conditions.

(a) Marriage and family therapy may be rendered to individuals, including individuals affected by termination of marriage, to couples, whether married or unmarried, to families, or to groups.

(b) The use of specific methods, techniques, or modalities within the practice of marriage and family therapy is restricted to marriage and family therapists appropriately trained in the use of such methods, techniques, or modalities.

(c) The terms "diagnose" and "treat," as used in the 491 chapter, when considered in isolation or in conjunction with any provision of the rules of the board, shall not be construed to permit the performance of any act which marriage and family therapists are not educated and trained to perform, including, but not limited to, treating persons in hospitals without medical supervision, prescribing medicinal drugs as defined in chapter 465, authorizing clinical laboratory procedures pursuant to chapter 483, or radiological procedures, or use of electroconvulsive therapy. In addition, this definition shall not be construed to permit any person licensed, provisionally licensed, registered, or certified pursuant to this chapter to describe or label any test, report, or procedure as "psychological," except to relate specifically to the definition of practice authorized in this subsection.

(d) The definition of "marriage and family therapy" contained in this subsection includes all services offered directly to the general public or through organizations, whether public or private, and applies whether payment is requested or received for services rendered.

ARTICLE IV: SHARES 1

This is a Professional Corporation. All stocks will go to the Director of the Corporation, Nerys M. Baiges.

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

The names, address and titles of the Directors/Officers.

Nerys M. Baiges, MS, LMFT (Master of Science and License
Marriage and Family Therapist)
22237 SW 97 Court
Cutler Bay, FL 33190

ARTICLE VI: REGISTERED AGENT

The name and address of the initial agent:

Nerys M. Baiges
22237 SW 97 Court
Cutler Bay, FL 33190

Signature of Agent:

Nerys Baiges

ARTICLE VII: INCORPORATOR

The name and address of the incorporator. The incorporator must sign in the space provided and type or print his/her name below the signature.

Nerys M. Baiges, MS, LMFT
22237 SW 97 Court
Cutler Bay, FL 33190

Signature:

Nerys Baiges, MS, LMFT

Nerys M. Baiges

ARTICLE VIII: EFFECTIVE DATE

Effective Date: January 12, 2007

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.

Nerys Baiges

Signature/Registered Agent

01/12/2007

Date

Nerys Baiges

Signature/Incorporator

01/12/2007

Date

Articles of Incorporation
Connect the Dots Family Institute, Inc.

FILED
07 JAN 16 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA