

P07000044603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

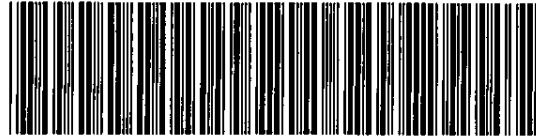
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 APR -9 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/11/07

COVER LETTER

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

SUBJECT: American Therapeutic Corporation
(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: Marianella Valera
Name (Printed or typed)

1801 NE 2nd Avenue
Address

Miami, FL 33132
City, State & Zip

305-371-5777
Daytime Telephone number

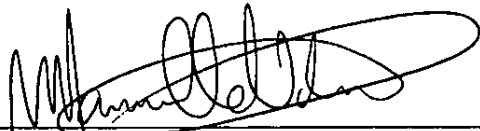
NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

THIS INSTRUMENT HEREBY ACKNOWLEDGES that the undersigned, Marianella Valera ("affiant") officer of corporation American Therapeutic Corporation, document number N02000009613, residing at 1801 NE 2nd Avenue, Miami, FL 33132 and does hereby swear and affirm that the following is true and accurate, to the best of her knowledge, under penalty of perjury:

I, Marianella Valera, Chief Executive Officer of American Therapeutic Corporation attest that we have no intention of revoking the voluntary dissolution enclosed.

Signed to this 26 day of March, 2007




SIGNATURE OF AFFIANT

MARIANELLA VALERA
PRINT NAME OF AFFIANT

1801 NE 2ND Avenue, Miami, FL 33132
(ADDRESS OF AFFIANT)

Notary Public – State of Florida

My Commission Expires:



NOTARY PUBLIC-STATE OF FLORIDA
MARJORIE COLIN
COMMISSION # DD406746
EXPIRES: MAR. 14, 2009
Bonded Thru Atlantic Bonding Co., Inc.

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:

American Therapeutic Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1801 NE 2nd Avenue
Miami, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional comprehensive service delivery to adults, children and adolescents with mental health needs, etc.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marianella Valera - President, Secretary, Treasurer, Chief Executive Officer.

ARTICLE VI REGISTERED AGENT

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

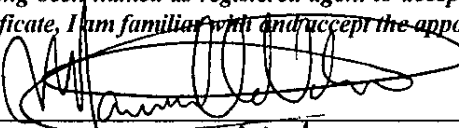
Marianella Valera
1801 NE 2nd Avenue
Miami, Florida 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marianella Valera
1801 NE 2nd Avenue
Miami, FL 33132

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



Signature/Incorporator

March 26, 2007

Date

March 26, 2007

Date

FILED
07 APR -9 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA