# P070008161

(Requestor's Name)			
(Address)			
(Addi	ress)		
(City/	State/Zip/Phoi	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	ıme)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			

Office Use Only



000104805070

07/02/07--01024--002 \*\*70.00

CRETARY OF STATI LAHASSEE, FLORIE E - 2

120M 344H

# **COVER LETTER**

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

SUBJECT: Rhonda Morales, LMHC Inc.	***			
(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
[] #30 00		Date 7		
<b>₹</b> \$70.00	\$78.75	□ \$87.50		
Filing Fee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
& Certificate of Status	& Cerunea Copy	& Certificate of		
		Status		
	ADDITIONAL CO	PY REQUIRED		
FROM: Rhonda Morales				
Name (Printed or typed)				
258 S Fox Chase Pt				
Address				
Longwood, FL 32779				
City, S	State & Zip			
407 000 0000				
407-923-3896				
Daytime Telephone number				

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2007

RHONDA MORALES 258 S FOX CHASE PT LONGWOOD, FL 32799

SUBJECT: RHONDA MORALES, LMHC INC

Ref. Number: W07000031444

We have received your document for RHONDA MORALES, LMHC INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 407A00042898

# 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:

Rhonda Morales, LMHC Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

258 S Fox Chase PT Longwood, FL 32779

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide mental health counseling services

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rhonda Morales, President 258 S Fox Chase PT Longwood, FL 32779

### ARTICLE VI REGISTERED AGENT

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

CHONDA MORALES 2585 FOX CHASE PT

LONGWOOD, FL 32779

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Rhonda Morales 258 S Fox Chase PT Longwood, FL 32779

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certifically, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Norda Morals

Signature/Registered Agent

Chonda //orals

Signature/Incorporator

Date

FILED

OT JUL - 2 PM 4: 40

SECTEMBER OF STATE

Articles of incorporation Rhonda Morales, LMHC Inc

Article VIII: Respectfully requesting an effective date of five business days prior to the date of receipt.

OT JUL -2 PH 4: 40
SECRETARY OF STATE