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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 7-23

## COVER LETTER

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

SUBJECT: LEANNE S. SMITH, PH.D., LMHC, 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: Stone & Capobianco, P.L.

Name (Printed or typed)

219 E. Ocean Blvd.

Address

Stuart, FL 34994

City, State & Zip

(772) 781-4357

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)

## ARTICLE I NAME

The name of the corporation shall be:

LEANNE S. SMITH, PH.D., LMHC, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

104 SE 6th Street, Suite 2  
Stuart, FL 34994

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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):

President:

Leanne S. Smith, PH.D., LMHC  
104 SE 6th Street, Suite 2  
Stuart, FL 34994

## ARTICLE VI REGISTERED AGENT

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

Jerome A. Stone, Jr.  
Stone & Capobianco, P.L.  
219 East Ocean Blvd.  
Stuart, FL 34994

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leanne S. Smith, PH.D., LMHC  
104 S.E. 6th Street, Suite 2  
Stuart, FL 34994

\*\*\*\*\*

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

  
Date

  
Signature/Incorporator

  
Date