

PO 7000083566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

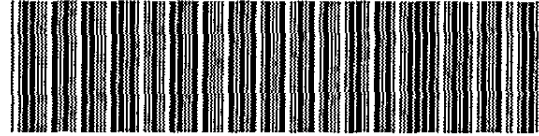
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Carol F. Lobel MS Ed., LMHC, PA
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Carol F. Lobel MS Ed., LMHC, PA
Name (Printed or typed)

807 Park Lake Place
Address

Maitland, Florida 32751
City, State & Zip

407-484-7651
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:

Carol F. Lobel, MS Ed., LMHC, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1555 Howell Branch Rd. B-4
Winter Park, Florida 32789 /
The mailing address is 807 Park Lake Pl. Maitland, Fl. 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Practice Mental Health Therapy

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carol F. Lobel, LMHC, P.A. President
807 Park lake Place
Maitland, FL. 32751

ARTICLE VI REGISTERED AGENT

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

Carol F. Lobel LMHC
807 Park Lake Place
Maitland, FL. 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL LOBEL, MS Ed. LMHC, PA
807 Park Lake Place
Maitland, FL. 32751

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

Carol Lobel, LMHC, P.A.

Signature/Registered Agent

July 17, 2007

Date

Carol Lobel LMHC, P.A.

Signature/Incorporator

July 17, 2007

Date

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TALLAHASSEE, FLORIDA