

P07000090631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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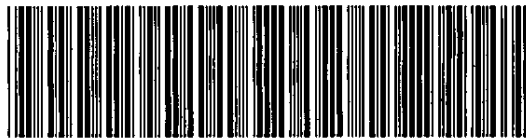
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 13 AM 10:51

8/14/07

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 AM 10:51

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

SUBJECT: Loire Mental Health 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: Joyce A McConnell

Name (Printed or typed)

4539 5th Ave. N

Address

Saint Petersburg, Florida 33713

City, State & Zip

727-373-8190

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:

Loire Mental Health Inc.

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DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2150 49th St. N #D
Saint Petersburg, Florida 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Mental Health Counseling

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):

Joyce A McConnell (president)
4539 5th Ave N
Saint Petersburg, Florida 33713

ARTICLE VI REGISTERED AGENT

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

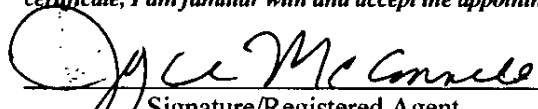
Joyce A McConnell
4539 5th Ave N
Saint Petersburg, Florida 33713

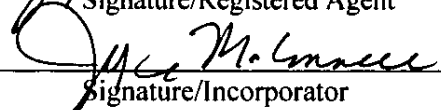
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joyce A McConnell
4539 5th Ave N
Saint Petersburg, Florida 33713

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

8-10-07
Date
8-10-07
Date