

P07888090697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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8-14-07  
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## COVER LETTER

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

SUBJECT: STEUA D. KAIL MA, LCSW P.A.

(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: STEUA D. KAIL  
Name (Printed or typed)

7301 WEST Palmetto Park Road Suite 205A  
Address

BOCA RATON, FLORIDA. 33433  
City, State & Zip

561 716 2080  
Daytime Telephone number

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

COPY

**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:

STEVIA D. KAIL MA, LCSW PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7301 West Palmetto Park RD. Suite 205A  
BOCA RATON FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide mental health 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):

STEVIA D. KAIL President  
7301 W. Palmetto Park Road Suite 205A  
BOCA RATON FLORIDA 33433

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

STEVIA D. KAIL  
7301 W. Palmetto Park RD Suite 205A  
BOCA RATON, FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

STEVIA D. KAIL  
7301 W Palmetto Park RD Suite 205A  
BOCA RATON, FL 33433

\*\*\*\*\*  
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

Stevia D. Kail  
Signature/Registered Agent

8/8/07

Date

Stevia D. Kail  
Signature/Incorporator

8/8/07

Date