

PD 7000100903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

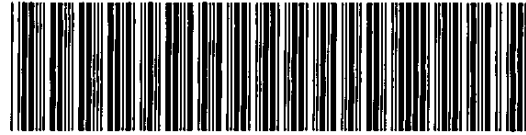
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 SEP 10 PM 3:05

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 11 2007

COVER LETTER

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

SUBJECT: Psychotherapeutic Resources, 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: Alvin Lawrence
Name (Printed or typed)

595 NW 134th Way
Address

Newberry, FL 32669
City, State & Zip

352-219-3628
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: Psychotherapeutic Resources, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 12921 SW 1st Rd., Suite 107 #133, Jonesville, FL 32669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mental health services

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alvin W. Lawrence, Jr. 595 NW 134th Way, Newberry, FL 32669 – Director

Allison D.C. Lawrence 595 NW 134th Way, Newberry, FL 32669 – Associate Director

Jennifer Weis 926 SW 80th Terrace, Gainesville, FL 32607 – Associate Director

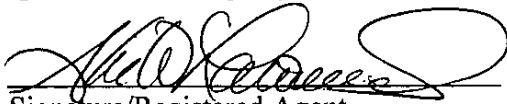
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Alvin W. Lawrence, Jr. 595 NW 134th Way, Newberry, FL 32669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Alvin W. Lawrence, Jr. 595 NW 134th Way, Newberry, FL 32669

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
Alvin W. Lawrence, Jr.

9-7-07
Date



Signature/Incorporator
Alvin W. Lawrence, Jr.

9-7-07
Date

SECRETARY OF STATE
ALLIANCE OF FLORIDA

2007 SEP 10 PM 3:05

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