

PO8000008648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

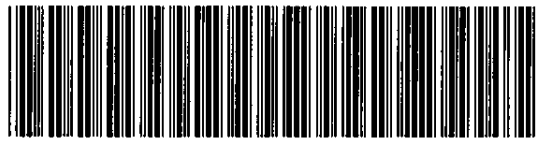
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/07/08--01031--001 **166.25

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08 JAN - 7 AM 9: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH
1/10/08

COVER LETTER

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

SUBJECT: Beth A. Wombough, MS, 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Beth A. Wombough, MS, LMHC

Name (Printed or typed)

10175 Fortune Parkway, Ste. 504

Address

Jacksonville, FL 32256

City, State & Zip

904.363.6999

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2008

BETH A. WOMBOUGH, MS, LMHC
10175 FORTUNE PARKWAY, STE. 504
JACKSONVILLE, FL 32256

SUBJECT: BETH A. WOMBOUGH, MS, LMHC, PA
Ref. Number: W08000001147

We have received your document for BETH A. WOMBOUGH, MS, LMHC, PA and your check(s) totaling \$166.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please list the registered agent name in Article VI.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 108A00001618

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:

Beth A. Wombough, MS, LMHC, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

10175 Fortune Parkway, Ste. 504
Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide mental health counseling.

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Beth A. Wombough
10175 Fortune Parkway, Ste. 504
Jacksonville, FL 32256
Owner

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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:

Beth A. Wombough
10175 Fortune Parkway, Ste. 504
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beth A. Wombough
10175 Fortune Parkway, Ste. 504
Jacksonville, FL 32256

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

Beth A. Wombough
Signature/Registered Agent

1.17.08
Date

Beth A. Wombough
Signature/Incorporator

1.17.08
Date

Effective date of S Corp
Establishment: 1.2.08. BWombough

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08 JAN -7 AM 9:07
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TALLAHASSEE, FLORIDA