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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-11-2
26

COVER LETTER

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

SUBJECT: Anna-Leah Benson, 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: Anna-Leah Benson

Name (Printed or typed)

301 W. PLATT ST. #666

Address

TAMPA, FL 33606

City, State & Zip

727-688-2644

Daytime Telephone number

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:

Anna-Leah Benson, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

301 W. PLATT ST, #666
TAMPA, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mental Health and Consulting 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):

Anna-Leah Benson, Chief Executive Officer
301 W. PLATT ST, #666
TAMPA, FL 33606

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Anna-Leah Benson
301 W. PLATT ST, #666
TAMPA, FL 33606

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Anna-Leah Benson
301 W. PLATT ST, #666
TAMPA, FL 33606

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

Anna-Leah Benson

Signature/Registered Agent

2/6/08

Date

Anna-Leah Benson

Signature/Incorporator

2/6/08

Date