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VALIDATION ONLY

Requestor's Name

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State

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CORPORATION(S) NAME

AMANDA K. SMITH, MA, LMHC, P.A.



Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent



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ARTICLES OF INCORPORATION
OF

AMANDA K. SMITH, MA, LMHC, P.A.

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE I

The name of this Corporation shall be:

AMANDA K. SMITH, MA, LMHC, P.A.

ARTICLE II

The principal place of business/mailling address is:

TUSKAWILLA OFFICE PARK
2006 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

ARTICLE III

This Corporation is organized for the purpose of transacting and performing the occupation of a Licensed Mental Health Counselor.

ARTICLE IV

The aggregate number of shares which the corporation has authority to issue is one-thousand (1,000) shares of common stock having a par value of \$1.00 each. The Corporation elects to have preemptive rights for its shareholders.

ARTICLE V

This Corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of this Corporation are:

AMANDA K. SMITH
TUSKAWILLA OFFICE PARK
2006 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

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ARTICLE VI

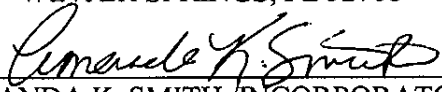
The name and address of the initial registered agent of this corporation is:

AMANDA K. SMITH
TUSKAWILLA OFFICE PARK
2006 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

ARTICLE VII

The name and address of the incorporator (s) of this corporation are:

AMANDA K. SMITH
TUSKAWILLA OFFICE PARK
2006 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708


AMANDA K. SMITH / INCORPORATOR


DATE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

AMANDA K. SMITH, MA, LMHC , P.A .

The name and address of the registered agent and office is:

AMANDA K. SMITH
TUSKAWILLA OFFICE PARK
2006 TOWN PLAZA COURT
WINTER SPRINGS, FL 32708

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


AMANDA K. SMITH / REGISTERED AGENT

02/18/2008
DATE

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