

PO8000055018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

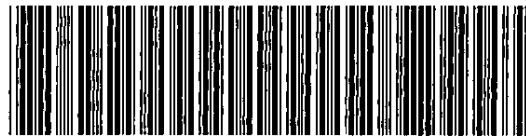
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08 JUN -4 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VA

COVER LETTER

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

SUBJECT: Brain Training Centers of Florida, 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: Francis Flynn


Name (Printed or typed)

9990 SW 77th Avenue, PH 20

Address

Miami, Fl. 33156

City, State & Zip

305-733-0518

Daytime Telephone number

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

May 12, 2008

Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

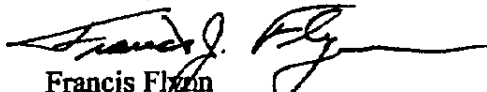
Re: Brain Training Centers of Florida, Inc.

To Whom it May Concern:

Please accept this letter as an official corporate statement providing complete irrevocable release for the name Brain Training Centers of Florida, Inc. as a non-profit corporation. This release is provided in order to allow another corporation to be formed utilizing the same name. Accordingly, along with this letter is a dissolution of corporation form and another article of incorporation completed.

If I can be of any assistance, please do not hesitate to contact me.

Sincerely:


Francis Flynn
Vice President

08 JUN -4 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2008

FRANCIS FLYNN
9990 SW 77TH AVENUE, PH 20
MIAMI, FL 33156

SUBJECT: BRAIN TRAINING CENTERS OF FLORIDA, INC.
Ref. Number: W08000025938

We have received your document for BRAIN TRAINING CENTERS OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 408A00033242

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:

Brain Training Centers of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9990 SW 77th Avenue, PH 20
Miami, Fl. 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Mental Health, Neuro-feedback, and Neuro-training services.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Francis Flynn
9990 SW 77th Avenue, PH 20
Miami, Fl. 33156

ARTICLE VI REGISTERED AGENT

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

Francis Flynn
9990 SW 77th Avenue, PH 20
Miami, Fl. 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francis Flynn
9990 SW 77th Avenue, PH 20
Miami, Fl. 33156

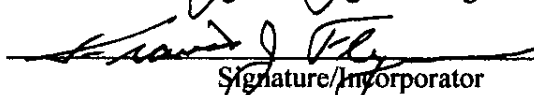
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
08 JUN -4 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA