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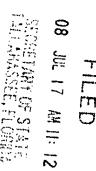
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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# **COVER LETTER**

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

SUBJECT: Dr. King & Associates, P.A.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:				
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status				
FROM:	Dr. Elizabeth King Name	(Printed or typed)					
	101 South Fort Lauc	derdale Beach Blvd. #1704 Address	1				
	Fort Lauderdale, Flo City	orida 33316 r, State & Zip					
	954-732- Daytime	6833 Telephone number					

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

ARTICL	ES OF	INCOR	PORA	TION
$\sim$				

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Dr. King & Associates, P.A.

# ARTICLE II PRINCIPAL OFFICE

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

101 South Fort Lauderdale Beach Blvd. #1704 Fort Lauderdale, Florida 33316

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Psychotherapy Services

### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President & Director

Dr. Elizabeth King, EdD, LCSW 101 South Fort Lauderdale Beach Blvd. #1704 Fort Lauderdale, Florida 33316

# ARTICLE VI REGISTERED AGENT

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

Altagracia Salas, CPA 4581 Weston Road # 196 Weston, Florida 33331

## ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Altagracia Salas, CPA 4581 Weston Road # 196 Weston, Florida 33331

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

alus

Signature/Incorporator

7-14-08 Date

7-14-08 Date

G