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(Requestor's Name)				
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COVER LETTER

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

SUBJECT: 📈 🛭	thaly Shoua Des	smarais, 154.	D., P. A.
Enclosed are an orig	JPROPOSED CORPORA		LUDE SUFFIX)
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Gertificate of Status
FROM:	Nothaly Shoua D	Printed or typed)	
		Address	
	Davie Horida City	3333 <u>()</u> (, State & Zip	

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

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:

Nathaly Shoua Desmarais, Psy. D., P.A.

WE ONE THE PAY OF STATE AT LANGUAGE FILLING PAY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

3000 Sus 121 Avenue Dave FL. 33350

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation to provide psychological Services to the public

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):

ARTICLE VI REGISTERED AGENT

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

Northaly Should Desmarais, Psy.D. 3000 300 (2) Ave Dave Pl. 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nathaly Shoua Desmarais, Psy.D. 3000 sus 121 Ave Dave FL. 33330 Added Article

Effective bate

August 1st, 2008

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

Signature/Incorporator

7/20/0B Date

7/20/08 Date