## P08000083660

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7. Surveys SEb 11 Street

## **COVER LETTER**

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

	(PROPOSED CORPOR	TATE NAME - MUST INC		
\$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 & Certificate of Status  PPY REQUIRED	
FROM:	Victoria I	e (Printed or typed)	KLLARA LLARA	2008 SE
	270 West (	Address	SSN A	á –
	Mialeah, Fri	<u> </u>	AMII: 47	The same
	786. 470-5 Daytime	S C		

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

## 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: Victoria Dodman Psy. D PA. <u>ARTICLE II PRINCIPAL OFFICE</u> The principal street address and mailing address, if different is: 270 West-60th st Hialech, FL 33012 ARTICLE III PURPOSE The purpose for which the corporation is organized is: to provide Psychological Services to the public as a protessional composethed ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Victoria Dodman 270 West 60th st Hialeah IFL 33012 **INCORPORATOR** ARTICLE VII The name and address of the Incorporator is: Victoria Dodman 2700 West 60th St Hislech, FL 33012

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

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certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator