

P09000014596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Schilling GAVE

AUTHORIZATION BY PHONE TO

CORRECT Article III

DATE 2/13/09

DOC. EXAM VH

Office Use Only



200142778812

02/05/09--01033--023 **137.50

APPROVED
AND
FILED
09 FEB 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

~~1109-6019~~

TRANSMITTAL LETTER

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

SUBJECT: _____

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

FROM: Robert F. Schilling, Ph.D.

Name (printed or typed)

7827 Broomsage Place

Address

Tallahassee, Florida 32309

City, State & Zip

850-491-2222

Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2009

ROBERT F. SCHILLING, PH. D
7827 BROOMSAGE PLACE
TALLAHASSEE, FL 32309

SUBJECT: ROBERT F. SCHILLING, PH.D., P.A.
Ref. Number: W09000006019

We have received your document for ROBERT F. SCHILLING, PH.D., P.A. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 009A00004415

APPROVED
AND
FILED

CERTIFICATE OF DOMESTICATION 09 FEB 13 PM 3:00

The undersigned, Robert F. Schilling, Ph.D., President
(Name) (Title) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of Robert F. Schilling, Ph.D., PC a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 17, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was The State of South Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Robert F. Schilling, Ph.D., PC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Robert F. Schilling, Ph.D., P.A.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was The State of South Carolina.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Robert F. Schilling, Ph.D., of Robert F. Schilling, Ph.D., PC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the Third day of February, 2009.

Robert F. Schilling, Ph.D. - President
(Authorized Signature)

Filing Fee:

| | |
|--|----------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | \$78.75 |
| Total to domesticate and file | \$128.75 |

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

APPROVED
AND
FILED

09 FEB 13 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Robert F. Schilling, Ph.D., P.A.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

7827 Broomsage Place
Tallahassee, Florida 32309

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

PSYCHOLOGICAL SERVICES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Robert F. Schilling, Ph.D. - President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

N.A. Robert F. Schilling, Ph.D.
7827 Broomsage Place
Tallahassee, Florida 32309

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Robert F. Schilling, Ph.D.
7827 Broomsage Place
Tallahassee, Florida 32309

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Robert F. Schilling, Ph.D. 7827 BROOMSAGE PLACE
TALLAHASSEE, FL 32309
Signature/Registered Agent

02-10-09
Date

Robert F. Schilling, Ph.D. 7827 BROOMSAGE PLACE
TALLAHASSEE, FL 32309
Signature/Incorporator

02-10-09
Date