

P09000019680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

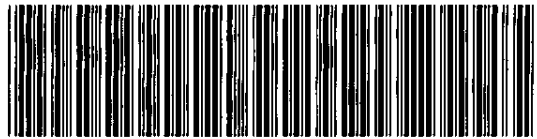
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK

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## COVER LETTER

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

**SUBJECT:** South Florida Counseling and Consultants, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Alejandro Castillo  
Name (Printed or typed)

671 NE 195th Street # 419  
Address

Miami, Florida 33179  
City, State & Zip

(786) 344-7621  
Daytime Telephone number

**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:

South Florida Counseling and Consultants, INC

### ***ARTICLE II PRINCIPAL OFFICE***

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

671 NE 195th ST # 419  
Miami, FL 33179

### ***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

The purpose of the corporation is to provide Counseling and  
Psychotherapeutic services to individuals and families.

### ***ARTICLE IV SHARES***

The number of shares of stock is:

2

### ***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

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

Alejandro L. Castillo – Director  
671 NE 195th ST # 419  
Miami, FL 33179

Rory B. Levine - Director  
671 NE 195th ST # 419  
Miami, FL 33179

### ***ARTICLE VI REGISTERED AGENT***

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

Alejandro L. Castillo  
671 NE 195th ST # 419  
Miami, FL 33179

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**ARTICLE VI INCORPORATOR**

The name and address of the incorporator is:

Alejandro L. Castillo  
671 NE 195th ST # 419  
Miami, FL 33179

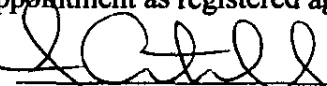
**ARTICLE VIII EFFECTIVE DATE OF INCORPORATION**

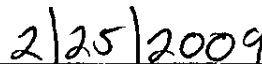
The effective date of Incorporation is:

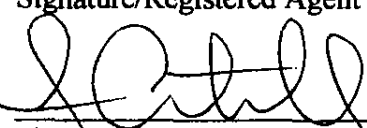
February 27, 2009

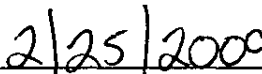
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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