

P09000032721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

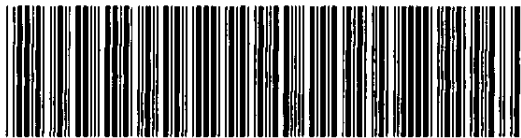
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SECRETARY OF STATE  
TOLSON, ROBERT

*PA*

## COVER LETTER

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

**SUBJECT:** INNOVATIONS IN COUNSELING 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** INNOVATIONS IN COUNSELING INC.

Name (Printed or typed)

1120 NE LAKE MARTHA DRIVE

Address

WINTER HAVEN, FL. 33881

City, State & Zip

863/899-8300

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2009

INNOVATIONS IN COUNSELING INC.  
1120 NE LAKE MARTHA DRIVE  
WINTER HAVEN, FL 33881

SUBJECT: INNOVATIONS IN COUNSELING INC.  
Ref. Number: W09000015466

We have received your document for INNOVATIONS IN COUNSELING INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 709A00011114

# 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:

INNOVATIONS IN COUNSELING INC.

## ARTICLE II PRINCIPAL OFFICE

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

1120 NE Lake Martha Dr., Winter Haven, FL 33881

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COUNSELING

## 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):

CAREY K SEMPET 1120 NE LAKE MARTHA DRIVE, WINTER HAVEN, FL.33881 PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

CAREY K SEMPET 1120 NE LAKE MARTHA DRIVE, WINTER HAVEN, FL. 33881

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAREY K SEMPET 1120 NE LAKE MARTHA DRIVE, WINTER HAVEN, FL 33881

\*\*\*\*\*

*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

Date

Date

FILED  
APR 13 AM 8:15  
09  
STATE OF FLORIDA  
CLERK OF THE COURT

3-27-09

3-27-09