

P09000046522

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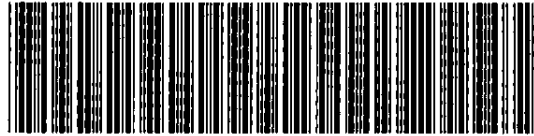
(Business Entity Name)

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COVER LETTER

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

SUBJECT: DR. ALISON TARLOW, P.A.
(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: ALISON TARLOW
Name (Printed or typed)

1900 GLADES ROAD, SUITE 352
Address

BOCA RATON, FL 33431
City, State & Zip

(561) 251-5028
Daytime Telephone number

DRATARLOW@AOL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2009

ALISON TARLOW
1900 GLADES ROAD SUITE 352
BOCA RATON, FL 33431

SUBJECT: DR. ALISON TARLOW, P.A.
Ref. Number: W09000023032

We have received your document for DR. ALISON TARLOW, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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: 809A00016681

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:

DR. ALISON TARLOW, P.A.

ARTICLE II PRINCIPAL OFFICE

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

1900 GLADES ROAD, SUITE 352
BOCA RATON, FLORIDA 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Psychological Services

ARTICLE IV SHARES

The number of shares of stock is: 100 (One hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DR. ALISON TARLOW, DIRECTOR
1900 GLADES ROAD, Suite 352
BOCA RATON, FL 33431

ARTICLE VI REGISTERED AGENT

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

Alison Tarlow
1900 GLADES ROAD, Suite 352
BOCA RATON, FL 33431

(I am hereby familiar with and accept the duties of registered agent)
Ali Eikh

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. ALISON TARLOW
1900 GLADES ROAD, Suite 352
BOCA RATON, FL 33431

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

5/20/09
Date

5/11/09
Date