P09000674aa

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
·				
PICK-UP WAIT MAIL				
~				
(D)				
(Business Entity Name) :				
. (Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800159160858

08/10/09--01029--006 **87.50

09 AUG 10 AM II: 00

the religion of t

COVER LETTER

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

SUBJECT:	MICHAEL G. GIPSON, LCSW, P.A.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	eles 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 CO	PY REQUIRED	
FROM:	MICHAEL G. GIPSON Name (Printed or typed)			
•	2721 NW 9TH STREET Address POMPANO BEACH, FL 33069			
City, State & Zip				
_	(954) 980-5002 Daytime Telephone number			
	michael.gipson@theracounsel.com E-mail address: (to be used for future annual report notification)			
F,				

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: MICHAEL G. GIPSON, LCSW, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2721 NW 9TH STREET POMPANO BEACH, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE SERVICES AS A LICENSED CLINICAL SOCIAL WORKER

ARTICLE IV SHARES

The number of shares of stock is:

1500 SHARES AT \$0.00 PAR VALUE PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL G. GIPSON, PRESIDENT / DIRECTOR

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MICHAEL G. GIPSON

2721 NW 9TH STREET POMPANO BEACH, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL G. GIPSON 2721 NW 9TH STREET

POMPANO BEACH, FL 33069

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

408-04-09 Date

Date Date

09 AUG 10 AM11: 00