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(City/State/Zip/Phone #)

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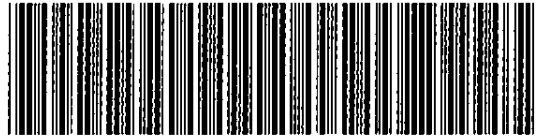
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 8/27/09

COVER LETTER

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

SUBJECT: Bonnie Farr Psy D, 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: Bonnie Farr Psy D, P.A.
Name (Printed or typed)

5003 SE 4th ave.
Address

Ocala, FL 34480
City, State & Zip

954-531-4247
Daytime Telephone number

bonniefarr@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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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: Bonnie Farr Psy D,P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
5003 SE 4th ave., Ocala Fl. 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Psychology services to the public

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):
Bonnie Farr, 5003 SE 4th ave., Ocala Fl. 34480, Pres.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Bonnie Farr, 5003 SE 4th ave., Ocala Fl. 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Bonnie Farr 5003 SE 4th ave., Ocala Fl 34480

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

Bonnie Farr

Signature/Registered Agent

Bonnie Farr

Signature/Incorporator

8/24/09

Date

8/24/09

Date

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TALLAHASSEE, FLORIDA