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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT -5 P 3:15

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68-9-01
400

COVER LETTER

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

SUBJECT: LaBelle Therapy Center 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Janet M. Fenner
Name (Printed or typed)

94 North Hall Street
Address

LaBelle, Florida 33935
City, State & Zip

863 675-6776
Daytime Telephone number

lcc94hall@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

LaBelle Therapy Center P.A.

ARTICLE II PRINCIPAL OFFICE

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

Labelle Therapy Center P.A.
94 North Hall Street
LaBelle, Florida 33935

Mailing Address: LaBelle Therapy Center P.A.
P.O. Box 1525
LaBelle, Florida 33975

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Psychotherapy

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Janet M. Fenner President and Director
94 North Hall Street
LaBelle, Florida 33935

ARTICLE VI REGISTERED AGENT

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

Janet M. Fenner
94 North Hall Street
Labelle, Florida 33935

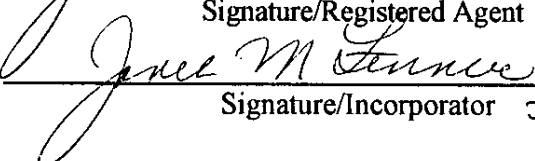
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janet M. Fenner
94 North Hall Street
LaBelle, Florida 33935

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 JANET M. FENNER


Signature/Incorporator JANET M. FENNER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/30/09
Date
9/30/09
Date