

PC9000082511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-43109

Office Use Only



300160991753

09/24/09--01029--009 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 4:25

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: ANA M. OJEDA, 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: ANA M. OJEDA, Psy.D.
Name (Printed or typed)

P. O. Box 145026
Address

CORAL Gables, FL. 33114-5026
City, State & Zip

(305) 790-4459
Daytime Telephone number

anamoteda.psyd@gmail.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

September 25, 2009

ANA M. OJEDA, PSY. D.
P.O. BOX 145026
CORAL GABLES, FL 33114-5026

SUBJECT: ANA M. OJEDA, PSY. D., P.A.
Ref. Number: W09000043109

We have received your document for ANA M. OJEDA, PSY. D., 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 specific business purpose of the professional association must be stated in the document.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 309A00031452

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

09 OCT -5 PM 4:30

ARTICLE I NAME

The name of the corporation shall be:

ANA M. OJEDA, Psy.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

7685 S.W. 104th St., Ste. #100
Miami, FL. 33156

Mailing: P.O. Box 145026
CORAL Gables, FL.
33114-5026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Psychological Services and
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):

ANA M. OJEDA, Psy.D. - Pres. / VICE Pres.
DAISY OJEDA - Sec. / TREAS.

ARTICLE VI REGISTERED AGENT

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

ANA M. OJEDA, Psy.D.
2870 ALHAMBRA Circle
CORAL Gables, FL. 33134

ARTICLE VII INCORPORATOR

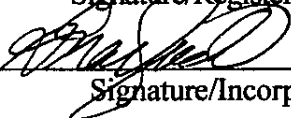
The name and address of the Incorporator is:

SAME AS ABOVE. ANA M. OJEDA, Psy.D.
2870 ALHAMBRA Circle
CORAL Gables, FL. 33134

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

9/21/09
Date

9/21/09
Date