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W10000018406



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04/14/10--01035--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 3 PM 4: 10

MD 5/4



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2010

DR. RAMON J. GONZALEZ
POST OFFICE BOX 654238
MIAMI, FL 33265

SUBJECT: CENTRO DE TRATAMIENTO ALTERNATIVO INC.
Ref. Number: W10000018406

We have received your document for CENTRO DE TRATAMIENTO ALTERNATIVO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 310A00009322

COVER LETTER

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

SUBJECT: Centro De Tratamiento Alternativo INC
(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

*Paid
Already*

FROM: DR. Ramon T Gonzalez
Name (Printed or typed)

Po Box 654238
Address

Miami FL 33265
City, State & Zip

786-399-3900
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

*Note. Please send all documentation
to the address listed above*

Thanks.

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:

Centro De Tratamiento ALternativo

ARTICLE II PRINCIPAL OFFICE

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

7473 SW 82nd Apt A110 Miami: 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to do business -> Hypnotherapist.

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):

Dr. Ramon T Gonzalez

7473 SW 82nd St Miami: FL 33143

ARTICLE VI REGISTERED AGENT

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

Dr. Ramon T Gonzalez

7473 SW 82nd St Miami: FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Ramon T Gonzalez

7473 SW 82nd St Miami: FL 33143

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

Date

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 3 10 PM 4:10

04-30-10

04-30-10