P10000046337

(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: Called for Shares. Manamer.
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TO JUN -1 PM 12: 08
SECRETARY OF STATE
SECRETARY OF

Office Use Only

W10000025505

10-2-11 16

COVER LETTER

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

SUBJECT: Mary Beth Lopez, I, (PROPOSED CORPORA	ne.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the article	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	Status OPY REQUIRED
FROM: Mary Beth L	OPCZ (Printed or typed)	
3092 NW 1274h	Terrace	
A	Address	
Sunrise, FL 33	33 2 3 State & Zin	
City,	State & Zip	
305-333-23 <u>94</u>		
Daytime To	elephone number	
may/o.org/@y	lahoo, lom	notification)
3092 NW 127 ^{4h} Sunrise, FL 33 City, 305-333-2394 Daytime To	Terrace	notification)

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





FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVISION OF CORPORATIONS

May 25, 2010

RECEIVED JUN - 1 2010

MARY BETH LOPEZ 3092 NW 127 TERRACE SUNRISE, FL 33323

SUBJECT: MARY BETH LOPEZ, INC

Ref. Number: W10000025505

We have received your document for MARY BETH LOPEZ, 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 must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6869.

Christine Haney Senior Clerk New Filing Section

Letter Number: 410A00013228

Division of Compositions DO DOV 6997 Tallahassaa Florida 99914

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME			
The name of the corporation shall be:			
Mary Beth Lopez, Inc			
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 3092 NW 127 th Terrace Suncise, FL 33323			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Jo provide recovery-focused mental health service up using luidenced based treatment models to pe assessments, treatment, education and fallow- ARTICLE IV SHARES The number of shares of stock is: / (one)	s) to people a rovide high of up services.	Jallages ualety	D .
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Mary Beth Lopez, Director 3092 NW 1274 Terrace Junrise, FL 33323	SECRETARY FALLARIASS	; [<u> </u>	
ARTICLE VI REGISTERED AGENT	od agent iskii		
The name and Florida street address (P.O. Box NOT acceptable) of the register Mary Beth López 3092 NW 127th Terroce Suncise, Fl 33323	of SIAI	5	•
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Mary Beth lopez 3092 NW 127th Terrace Sunrise, Fl 33323			
***************	*******	*****	
Having been named as registered agent to accept service of process for the all place designated in this certificate, I am familiar with and accept the appoint agree to act in this capacity			
UN1 371 P-	5/20/10		-
Signature/Registered Agent	Date	.	

Signature/Incorporator

5/20/10 Date