

P100000078936

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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W/O-
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 PM 12:27

COVER LETTER

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

SUBJECT: Annjannette Sas-Galvez, Psy.D., L.H.H.C., 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: Annjannette SAS-Galvez
Name (Printed or typed)

12555 Orange Drive, Suite 226
Address

DAVIE, FL 33330

City, State & Zip

954-536-6184

Daytime Telephone number

Annjannettesas@yahoo.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

RECEIVED
10 SEP 27 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 17, 2010

ANNJANNETTE SAS-GALVEZ
12555 ORANGE DRIVE STE 226
DAVIE, FL 33330

SUBJECT: ANNJANNETTE SAS-GALVEZ, PSY.D., L.M.H.C., P.A.
Ref. Number: W10000043783

We have received your document for ANNJANNETTE SAS-GALVEZ, PSY.D., L.M.H.C., P.A. 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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 010A00022184

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:

Annjannette Sas-Galvez, Psy.D., L.M.H.C., P.A.

ARTICLE II PRINCIPAL OFFICE

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

Principle: 12555 Orange Drive, Suite 226, Davie FL 33330

Mailing: 18915 N.W. 10th Street, Pembroke Pines FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Private Practice - Behavioral Health

ARTICLE IV SHARES

The number of shares of stock is:

Ten (10)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Annjannette Sas-Galvez

PRESIDENT

18915 NW 10th St.

Pembroke Pines FL 33029

ARTICLE VI REGISTERED AGENT

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

Annjannette Sas-Galvez

18915 N.W. 10th Street

Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

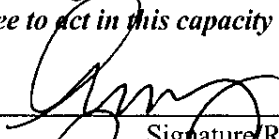
The name and address of the Incorporator is:

Annjannette Sas-Galvez

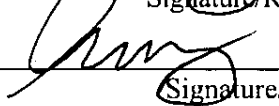
18915 N.W. 10th Street

Pembroke Pines, FL 33029

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

09/23/10

Date

09/23/10

Date

10 SEP 27 PM 12:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS