

COVER LETTER

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

SUBJECT: ~~PHC~~ PHC Professionals, 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

No add'l
copy

FROM: Dr. Stephanie Bledsoe
Name (Printed or typed)

263 Belle Ayre Dr.
Address

Mount Dora, FL 32757
City, State & Zip

561-324-8688
Daytime Telephone number

Stephdpms18@gmail.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: PHC Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

263 Belle Ayre Dr.
Mount Dora, FL 32757

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Agricultural Consulting
Integrated pest management

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Stephanie Bledsoe, CEO President

Address: 263 Belle Ayre Dr.
mt. Dora, FL 32757

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Stephanie Bledsoe

Address: 263 Belle Ayre Dr.
mt. Dora, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Stephanie Bledsoe

Address: 263 Belle Ayre Dr.
mt. Dora, FL 32757

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

Dr. Stephanie Bledsoe

Required Signature/Registered Agent

10/22/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dr. Stephanie Bledsoe

Required Signature/Incorporator

10/22/2010

Date

FILED
2010 OCT 25 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA