

P10000088901

(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:

Office Use Only



500187081025

10/28/10--01035--002 **87.50

FILED
10 OCT 28 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/2

COVER LETTER

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

SUBJECT: LaBelle Counseling Associates 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: Janet M. Fenner

Name (Printed or typed)

94 North Hall Street

Address

LaBelle, Florida 33935

City, State & Zip

863 675-6776

Daytime Telephone number

lcc94hall@yahoo.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

LaBelle Counseling Associates P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

LaBelle Counseling Associates P.A.
94 North Hall Street
LaBelle, Florida 33935

Mailing address, if different is:

LaBelle Counseling Associates P.A.
94 North Hall Street
LaBelle, Florida 33935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Psychotherapy

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Janet M. Fenner President and Director
Address: 94 North Hall Street
LaBelle, Florida 33935

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: Janet M. Fenner
Address: 94 North Hall Street
LaBelle, Florida 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janet M. Fenner
Address: 94 North Hall Street
LaBelle, Florida 33935

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

Janet M Fenner

Required Signature/Registered Agent

October 25, 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.

Janet M Fenner

Required Signature/Incorporator

October 25, 2010
Date

FILED
10 OCT 28 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA