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2010 DEC -6 AM 9:59  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Gainesville Integrative Psychotherapy, 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: Joyce Orr

Name (Printed or typed)

122 SW 84th Terrace

Address

Gainesville, FL 32607

City, State & Zip

352-262-4331

Daytime Telephone number

joyceorr@earthlink.net

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

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

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**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:

Gainesville Integrative Psychotherapy, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4723-B NW 53rd Avenue  
Gainesville, FL 32653

Mailing address, if different is:

122 SW 84th Terrace  
Gainesville, FL 32607

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
psychotherapy services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joyce Orr, President  
Address: 122 SW 84th Terrace  
Gainesville, FL 32607

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:

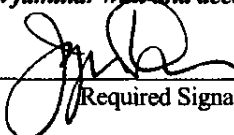
Name: Joyce Orr  
Address: 122 SW 84th Terrace  
Gainesville, FL 32607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joyce Orr  
Address: 122 SW 84th Terrace  
Gainesville, FL 32607

*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*

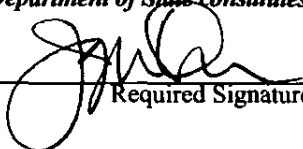


\_\_\_\_\_  
Required Signature/Registered Agent

12/2/2010

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

12/2/2010

\_\_\_\_\_  
Date

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