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(Requestor's Name)

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(City/State/Zip/Phone #)

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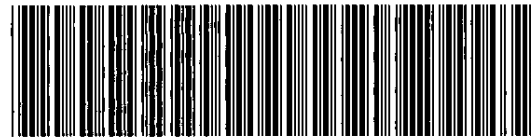
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1118 58166

COVER LETTER

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

SUBJECT: PSYCHOLOGICAL SERVICES OF THE PALM BEACHES, 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: JOSEPH A. LUPO

Name (Printed or typed)

P.O. BOX 540369

Address

LAKE WORTH, FL 33454-0369

City, State & Zip

561-502-2200

Daytime Telephone number

MYFRONTALOBE@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2010

JOSEPH A LUPO
PO BOX 540369
LAKE WORTH, FL 33454-0369

SUBJECT: PSYCHOLOGICAL SERVICES OF THE PALM BEACHES, P.A.
Ref. Number: W10000058166

We have received your document for PSYCHOLOGICAL SERVICES OF THE PALM BEACHES, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 510A00029141

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:

Psychological Services Of The Palm Beaches, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3815 RUSSELL PLACE
WEST PALM BEACH, FL 33405

Mailing address, if different is:

P.O. BOX 540369
LAKE WORTH, FL 333454-0369

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific purpose of the professional association is provide a broad range of mental health services to those in need of such services.

ARTICLE IV SHARES

The number of shares of stock is: The total authorized capital stock of this corporation shall consist of 5,000 shares, par value \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph A. Lupo, President

Address: 3815 Russell Place
West Palm Beach, FL 33405

Name and Title: Joseph A. Lupo, Treasurer

Address: 3815 Russell Place
West Palm Beach, FL 33405

Name and Title: Joseph A. Lupo, Vice-President

Address: 3815 Russell Place
West Palm Beach, FL 33405

Name and Title: Joseph A. Lupo, Director

Address: 3815 Russell Place
West Palm Beach, FL 33405

Name and Title: Joseph A. Lupo, Secretary

Address: 3815 Russell Place
West Palm Beach, FL 33405

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: Joseph A. Lupo

Address: 3815 Russell Place
West Palm Beach, FL 33405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph A. Lupo

Address: 3815 Russell Place
West Palm Beach, FL 33405

ARTICLE VIII EFFECTIVE DATE

January 1, 2011,

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

Joseph A. Lupo
Required Signature/Registered Agent

01/01/2011

12/10/2010

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.

Joseph A. Lupo
Required Signature/Incorporator

01/01/2011

12/10/2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA