

P11000008998

(Requestor's Name)

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(City/State/Zip/Phone #)

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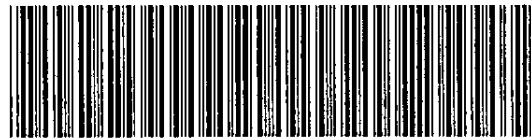
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JAN 25 PM 4:41

CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Bureh JAN 27 2011

## COVER LETTER

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

SUBJECT: Psych Alternative 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**

FROM: Maria E. Ruiz  
Name (Printed or typed)  
7750 S.W. 117 Ave Suite 501F  
Address  
Miami Florida 33103  
City, State & Zip  
305-595-1407  
Daytime Telephone number  
Maria Quiros 9 @ hot mail . 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: Psych Alternative Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15635 S.W. 16 Ct.

Pembroke Pines, FL 33027

Mailing address, if different is:

same

10430 SW 145 Ave

Miami FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All and any legal lawful business

SEIN# 30-8968669

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ 1.00

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

Name and Title: Roxana Ackerman, Pres.

Address: 15635 S.W. 16 Ct

Pembroke Pines, FL 33027

Pines

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: Roxana Ackerman

Address: 15635 S.W. 16 Ct

Pembroke Pines, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roxana Ackerman

Address: 15635 S.W. 16 Ct

Pembroke Pines, FL 33027

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

Roxana Ackerman

Required Signature/Registered Agent

1/22/11  
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.

Roxana Ackerman

Required Signature/Incorporator

1/22/11  
Date