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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
4/4

## COVER LETTER

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

SUBJECT: Multicultural Guidance Center, 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: Dr. DARNLEY (Darnley) G. Elizee  
Name (Printed or typed)  
2645 Executive Park Dr. # 632  
Address  
Weston, Florida 33331  
City, State & Zip  
(954) 636-2495  
Daytime Telephone number  
DElizee@aol.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: Multicultural Guidance Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4947 SW 167 Ave  
Miramar, FL 33027

Mailing address, if different is:

2645 Executive Park Dr. #632  
Weston, FL 33331

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide psychological services

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Dr. DARNLEY Elizee Name and Title: \_\_\_\_\_  
Address: 4947 SW 167 Ave Address: \_\_\_\_\_  
Miramar, FL 33027

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Dr. DARNLEY (DARNLEY) Elizee  
Address: 4947 SW 167 Ave  
Miramar, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. DARNLEY (DARNLEY) Elizee  
Address: 4947 SW 167 Ave  
Miramar, 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

[Signature]  
Required Signature/Registered Agent

3/29/11  
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.

[Signature]  
Required Signature/Incorporator

3/29/11  
Date

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11 APR - 1 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA