

PI1000032792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

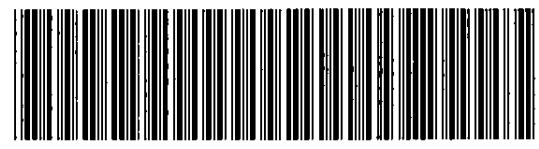
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
Edward Coates GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT # OF Shares (change from None to 1)  
DATE 4-4-11 at 3:45 pm  
DOC. EXAM. S Collins

Office Use Only



200199820552

03/31/11--01013--013 \*\*78.75

FILED  
2011 MAR 31 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: Edward A. Coates, ED.D, LCSW, 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: **Edward A. Coates**  
Name (Printed or typed)

**6313 Clark Lake Dr**  
Address

**Trinity, FL 34655**  
City, State & Zip

**lcswc@aol.com**  
Daytime Telephone number

**(727) 645-6604**  
E-mail address: (to be used for future annual report notification)

2011 MAR 31 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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** Edward A. Coates, ED.D, LCSW, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 6313 Clark Lake Dr  
Trinity, FL 34655  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To provide mental health services.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: Edward A. Coates  
Address: 6313 Clark Lake Dr  
Trinity, FL 34655  
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: Edward A. Coates  
Address: 6313 Clark Lake Dr  
Trinity, FL 34655


**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Edward A. Coates  
Address: 6313 Clark lake Dr  
Trinity, FL 34655

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TALLAHASSEE, FLORIDA

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

 EDWARD A. COATES  
Required Signature/Registered Agent  
March 29, 2011  
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.

 EDWARD A. COATES  
Required Signature/Incorporator  
March 29, 2011  
Date