

P1100033634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

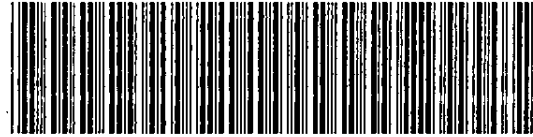
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03/15/11--01027--006 **78.75

NNA
(44-13386)

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2011 APR -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

du 4/7



LifeManagement inc.

April 5, 2011

Florida Department of State
Division of Corporations
Diane Cushing
P.O. Box 6327
Tallahassee, FL 32314

Re: Letter 711A00006983, W11000013386

Dear Diane-

Attached please find an updated Articles of Incorporation for Life Counseling Professional Services, Inc. We had submitted a prior Articles of Incorporation for Life Counseling Services of Florida, but it was returned due to the name being unavailable. Please use the \$78.75 credit from previous filing W11000013386.

Thank you,

Paula A. Martin
Human Resource Director

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Life Counseling Services of Florida, 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: Thomas A. Whiteman

Name (Printed or typed)

1440 Russell Road

Address

Paoli, PA 19301

City, State & Zip

610-644-6464

Daytime Telephone number

twhiteman@lifemgmt.org ✓

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

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

COVER LETTER

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

SUBJECT: Life Counseling Professional Services, 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

*Paid under
W11000013386
CK # 12241*

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Thomas A. Whiteman
Name (Printed or typed)

1440 Russell Road
Address

PAOLI PA 19301
City, State & Zip

610 644-6464
Daytime Telephone number

t.whiteman@lifemgmt.org
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2011

THOMAS A WHITEMAN
1440 RUSSELL ROAD
PAOLI, PA 19301

SUBJECT: LIFE COUNSELING SERVICES OF FLORIDA, INC.
Ref. Number: W11000016319

We have received your document for LIFE COUNSELING SERVICES OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please return 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) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 711A00006983

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: Life Counseling Professional Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5405 Okeechobee Blvd.
Suite 305
West Palm Beach, FL 33417

Mailing address, if different is:
1440 Russell Road
Paoli, PA 19301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide outpatient mental health counseling

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas A. Whiteman - owner
Address: 1440 Russell Road
Paoli, PA 19301

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: Thomas A. Whiteman
Address: 5405 Okeechobee Blvd., Suite 305
West Palm Beach, FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas A. Whiteman
Address: 5405 Okeechobee Blvd., Suite 305
West Palm Beach, FL 33417

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

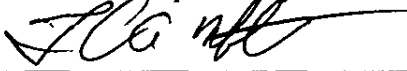


Required Signature/Registered Agent

4/4/2011

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.



Required Signature/Incorporator

4/4/2011

Date

FILED
2011 APR -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA