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(Requestor's Name)

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☐ PICK-UP

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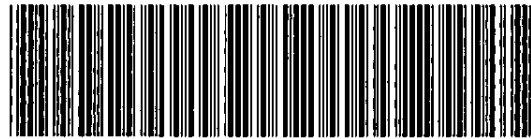
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

11 APR 11 PM 2:28

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W11-18893

K 04/12/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2011

LIANE DORNHEIM
4690 NE 4TH AVE
CITY OF OAKLAND PARK, FL 33334

RECEIVED APR 11 2011

SUBJECT: LIANE DORNHEIM PH.D. P.A.
Ref. Number: W11000018893

We have received your document for LIANE DORNHEIM PH.D. P.A. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 511A00008064

COVER LETTER

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

SUBJECT: Liane Dornheim Ph.D. 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: Liane Dornheim

Name (Printed or typed)

4690 NE 4th Ave

Address

City of Oakland Park, FL 33334

City, State & Zip

954 491 7040

Daytime Telephone number

dornheim@fiu.edu

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: Liane Dornheim Ph.D. P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4690 NE 4th Ave
City of Oakland Park
FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to serve the psychological needs of the public.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Director Liane Dornheim</u>	Name and Title: _____
Address: <u>4690 NE 4th Ave</u>	Address: _____
<u>City of Oakland Park</u>	_____
<u>FL 33334</u>	_____

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: Liane Dornheim
Address: 4690 NE 4th Ave
City of Oakland Park, FL 33334

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Liane Dornheim
Address: 4690 NE 4th Ave
City of Oakland Park, FL 33334

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

Liane Dornheim
Required Signature/Registered Agent

3/26/2011
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.

Liane Dornheim
Required Signature/Incorporator

3/26/2011
Date

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