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SC 6-13-11

COVER LETTER

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

ALISON R. MORRIS, P. A.

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

ling Fee Filing Fe & Certif		Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
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NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be: DUSSON R. MONRIS, P. D.
ARTICLE II PRINCIPAL OFFICE
The principal street address and mailing address, if different is:
2750 N.E. 185 TH STREET SUITE 305
AUENTURA, FLOMBA, 33180
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THE PURPOSE FOR WHICH THE CORPORATION IS ON GANIZED IS TO RENDER
PROFESSIONAL PSYCHOLOGICAL SERVICES AND TO ENGAGE IN ANY ACTU ON BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLOW DA.
ARTICLE IV SHARES
The number of shares of stock is: 1 500 Common SUARES PLA VALUE
\$0.01
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
ALISON MORRIS, 19655 EAST COLNITAIN CLUB DR # 6401 ALCRITURA FL.
PALSIDENT, DIRECTOR
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
N
ACISON K. MORRIS
19655 EAST COUNTRY CLUB DR # 6401, AUGNTURA, FL 337800
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
PUSON R. MONRIS
19655 EDGT COUNTRY CLUB DR #6901, AVENTURA, FL 33180

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
6/6/11
Signature/Registered Agent Date

Signature/Incorporator