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COVER LETTER

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

SUBJECT: Dr Nydia Conrad & Associates 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 Nydia Conrad

Name (Printed or typed)

3737 Maryweather Ln

Address

Wesley Chapel, FL 33544

City, State & Zip

8134806427

Daytime Telephone number

drnydiaconrad@aol.com

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

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

2011 JUN 30 PM 2:30

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN 30 AM 10:38

DIVISION OF CORPORATIONS

June 17, 2011

DR NYDIA CONRAD
3737 MARYWEATHER LANE
WESLEY CHAPEL, FL 33544

SUBJECT: DR NYDIA CONRAD & ASSOCIATES INC.
Ref. Number: W11000032867

We have received your document for DR NYDIA CONRAD & ASSOCIATES 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 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) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 211A00014784

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: **Dr Nydia Conrad & Associates Inc**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3737 Maryweather Ln
Wesley Chapel, FL 33544

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Psychologist's office and group practice.

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Nydia Conrad owner**
Address: **3737 Maryweather Ln**
Wesley Chapel, FL 33544

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: **Dr Nydia Conrad**
Address: **3737 Maryweather Ln**
Wesley Chapel, FL 33544

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Nydia Conrad**
Address: **3737 Maryweather Ln**
Wesley Chapel, FL 33544

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

Nydia Conrad
Required Signature/Registered Agent

6/13/11
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.

Nydia Conrad
Required Signature/Incorporator

6/13/11
Date

FILED
2011 JUN 30 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA