

P110000062804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

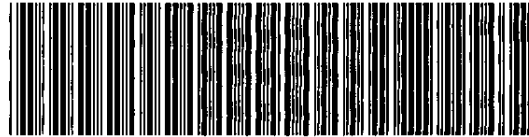
(Business Entity Name)

(Document Number)

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

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2011 JUL 11 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

SC  
7-13-11

## COVER LETTER

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

SUBJECT: Psych Alternative 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: Maria E. Ruiz  
Name (Printed or typed)  
7750 S.W. 117 Ave Suite 201F  
Address  
Miami, FL 33183  
City, State & Zip  
305 595-2407  
Daytime Telephone number  
mariagueros9@hotmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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**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: Psych Alternative Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

15635 S.W. 16 Ct.

Pembroke Pines FL 33027

Mailing address, if different is:

10430 S.W. 145 Ave

Miami FL 33186

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal lawful purpose

## ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roxana Ackerman Pres.

Address: 15635 S.W. 16 Ct.

Pembroke Pines FL 33027

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: Roxana Ackerman

Address: 15635 S.W. 16 Ct.

Pembroke Pines FL 33027

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roxana Ackerman

Address: 15635 S.W. 16 Ct.

Pembroke Pines, FL 33027

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

Roxana Ackerman

Required Signature/Registered Agent

7/6/11

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.

Roxana Ackerman

Required Signature/Incorporator

7/6/11

Date

2011 JUL 11 PM 2:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

July 6, 2011

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

Re: Psych Alternative Inc  
P07000055178

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305-595-2407.

Sincerely,



Roxana Ackerman

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SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA

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