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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Dr. Rhaina A. Smeds, PsyD 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. Rhaina A. Smeds, PsyD

Name (Printed or typed)

940 NE Jensen Beach Blvd

Address

Jensen Beach, FL 34957

City, State & Zip

772-485-4008

Daytime Telephone number

drsmeds@bellsouth.net

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

Dr. Rhaina A. Smeds, PsyD Inc.

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
940 NE Jensen Beach Blvd.
Jensen Beach, FL 34957

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The purpose of incorporation is to provide professional psychological services to clients.

ARTICLE IV SHARES 1

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Rhaina A. Smeds
Address: 940 NE Jensen Beach Blvd.
Jensen Beach, FL 34957

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. Rhaina A. Smeds, PsyD
Address: 940 NE Jensen Beach Blvd.
Jensen Beach, FL 34957

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Rhaina A. Smeds, PsyD
Address: 940 NE Jensen Beach Blvd.
Jensen Beach, FL 34957

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

Rhaina Smeds, PsyD

Required Signature/Registered Agent

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.

Rhaina Smeds PsyD

Required Signature/Incorporator

9-7-11

Date