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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

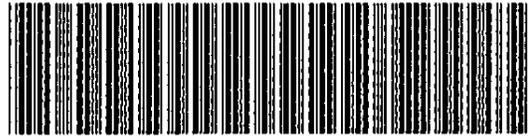
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: SOUTH FLORIDA ADHD CENTER 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SOUTH FLORIDA ADHD CENTER INC.

Name (Printed or typed)

11341 NW 50TH TERRACE

Address

DORAL, FLORIDA 33178-3545

City, State & Zip

305-392-6784

Daytime Telephone number

southfloridaadhdcenter@yahoo.com

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 SOUTH FLORIDA ADHD CENTER INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 11341 NW 50TH TERRACE, DORAL, FLORIDA 33178-3545
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to evaluate, make the diagnosis, educate and treat children, adolescents and adults with Attention Deficit with or without Hyperactivity (ADHD/ADD)

ARTICLE IV SHARES
The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Marisela Jaquez-Gutierrez, President</u>	Name and Title: <u>Julio R. Rodriguez, Vocal</u>
Address: <u>11341 NW 50th Terrace, Doral, Florida 33178-3545</u>	Address: <u>8180 NW 36 St S-306</u> <u>Doral, Fl 33166</u>
Name and Title: <u>Jose Gutierrez, Vice-President</u>	Name and Title: <u>Rosa M. Rodriguez Jaquez, Vocal</u>
Address: <u>11341 NW 50th Terrace, Doral, Florida 33178-3545</u>	Address: <u>801 Brickell Boulevard, Miami, Florida 33131</u>
Name and Title: <u>Ivan Jimenez, Treasure</u>	Name and Title: <u>Laura A Gutierrez, vocal</u>
Address: <u>8180 NW 36 St S-306</u> <u>Doral, Fl 33166</u>	Address: <u>58 Picture Mountain Way, Dumont, CO 80436</u>

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Marisela Jaquez-Gutierrez
Address: 11341 NW 50th Terrace, Doral, Florida 33178-3545

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Jose Gutierrez
Address: 11341 NW 50th Doral, Florida 33178-3545

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

M Jaquez Required Signature/Registered Agent 11.26.11 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.

[Signature] Required Signature/Incorporator 11/26/2011 Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA