

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

370590

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000288014 3)))



H110002880143ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DAWN WIGGINS, LMFT, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DEC - 8 PM 2:23

RECEIVED

12/9/11

H11000288014

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 DEC -8 AM 10:19

ARTICLE I NAME
The name of the corporation shall be: Dawn Wiggins, LMFT, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
2101 Corporate Blvd., Suite 107
Boca Raton, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in any and all business activities which may be engaged in by a licensed marriage and family therapist pursuant to both Florida Statutes Chapters 607 (Corporations) and 621 (Professional Corporations).

ARTICLE IV SHARES

The number of shares of stock is: Class A - Voting 1,000 shares
Class B - Non-Voting 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dawn Wiggins, President	Name and Title: _____
Address: 2101 Corporate Blvd., Suite 107	Address: _____
Boca Raton, FL 33431	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Richard A. Josepher
Address: 2101 Corporate Blvd., Suite 107
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard A. Josepher
Address: 2101 Corporate Blvd., Suite 107
Boca Raton, FL 33431

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

Required Signature/Registered Agent

12/8/11
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.817.133, F.S.

Required Signature/Incorporator

12/8/11
Date

H11000288014