

Division of Corporations

Page 1 of 1

P/2000014107

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

371949

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.

(((H12000027763 3)))



H12000027763ABC

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
DIRA DE LA ROSA LMFT & ASSOCIATES, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -9 AM 9:56

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

02/09/2012 17:09
850-617-6381

3056339696

EMPIRE CORP KIT

PAGE 01/03

2/9/2012 12:54:48 PM PAGE 1/001 Fax Server



February 9, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: DIRA DE LA ROSA LMFT & ASSOCIATES, P.A.
REF: W12000007951

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: E12000027763
Letter Number: 812A00005798

FILED

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

12 FEB -9 AM 9:56

ARTICLE I NAME

The name of the corporation shall be:

DIRA DE LA ROSA, LMFT & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2419 HOLLYWOOD BLVD

SUITE A

HOLLYWOOD, FL 33020

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARRIAGE AND FAMILY THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YADIRA DE LA ROSA, PRESIDENT

Address: 8480 NW 139 LANE

#1503

MIAMI LAKES, FL 33016-6707

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: ROBERT BUDOWSKY, C.P.A.

Address: 203 S. 21 AVENUE

HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YADIRA DE LA ROSA

Address: 8480 NW 139 LANE #1503

MIAMI LAKES, FL 33016

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

2/8/12
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.817.153, F.S.

Required Signature/Incorporator

2-8-12
Date