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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

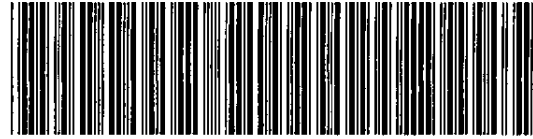
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR -5 PM 4: 21

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MRS  
3/6/12

**COVER LETTER**

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

**SUBJECT: Suellen Fagin-Allen, Licensed Mental Health Counselor, P.A.**  
**(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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Suellen D. Fagin-Allen**  
Name (Printed or typed)

**1016 Delaney Park Drive**  
Address

**Orlando, FL 32806**  
City, State & Zip

**407-242-2956**  
Daytime Telephone number

**Suellen@CounselingFL.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**

**Suellen Fagin-Allen, Licensed Mental Health Counselor, P.A.**  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1417 N. Semoran Blvd.  
Orlando, FL 32807

Mailing address, if different is:  
1016 Delaney Park Drive  
Orlando, FL 32806

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide fee-based counseling, psychotherapy and related services to members of the public.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Suellen D. Fagin-Allen, President/Owner  
Address: 1016 Delaney Park Drive  
Orlando, FL 32806

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: Suellen D. Fagin-Allen  
Address: 1016 Delaney Park Drive  
Orlando, FL 32806

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Suellen D. Fagin-Allen  
Address: 1016 Delaney Park Drive  
Orlando, FL 32806

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

Suellen D Fagin-Allen Required Signature/Registered Agent 3/1/12 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.817.155, F.S.

Suellen D Fagin-Allen Required Signature/Incorporator 3/1/12 Date

FILED  
12 MAR -5 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
12 MAR -5 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA