

Apr. 7. 2012 3:37 PM

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

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

Email Address:

DAVID CPA@TAMPABAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
PATRICIA HACKER, LCSW, PA

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

FILED  
12 APR -6 AM 10:31  
TAMPA, FL 33602

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**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME** PATRICIA HACKER, LCSW, PA  
The name of the corporation shall be:

12 APR -6 AM 10:31

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1375 PASADENA AVE S #137  
SOUTH PASADENA, FL 33707

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO OPERATE A BUSINESS AS A FLORIDA LICENSED CLINICAL SOCIAL WORKER.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

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

Name and Title: PATRICIA HACKER, PRESIDENT  
Address: 1375 PASADENA AVE S #137  
SOUTH PASADENA, FL 33707

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: DAVID C HASTINGS CPA  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PATRICIA HACKER  
Address: 1375 PASADENA AVE S #137  
SOUTH PASADENA, FL 33707

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

APRIL 7, 2012

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.



Required Signature/Incorporator

APRIL 7, 2012

Date

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