

P 12 0000 44643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

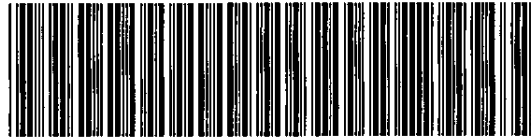
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700226612797

04/12/12--01022--002 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 11 AM 11:35

FILED

J. Shivers MAY 14 2012

167  
691  
W12-20730  
691



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2012

APRIL ELDEMIRE  
1500 NE 8TH ST APT A  
FT LAUDERDALE, FL 33304

SUBJECT: ELDEMIRE PRACTICE, INC.  
Ref. Number: W12000020730

We have received your document for ELDEMIRE PRACTICE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00011729

## COVER LETTER

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

**SUBJECT:** Eldemire Practice, 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** April Eldemire

Name (Printed or typed)

1500 NE 8th St. Apt. A

Address

Fort Lauderdale, FL 33304

City, State & Zip

941-740-2775

Daytime Telephone number

april@eldemirepractice.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 11 AM 11:35

FILED

**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**

The name of the corporation shall be: Eldemire Practice, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2425 E. Commercial Blvd. Suite 400  
Fort Lauderdale, FL 33308

Mailing address, if different is:

1500 NE 8th St. Apt. A  
Fort Lauderdale, FL 33304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide licensed mental health and psychotherapy services to individuals, couples and families.

**ARTICLE IV SHARES**

The number of shares of stock is 1

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

Name and Title: April Eldemire, LMFT  
Address: 1500 NE 8th St. Apt. A  
Fort Lauderdale, FL 33304

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: April Eldemire  
Address: 1500 NE 8th St. Apt. A  
Fort Lauderdale, FL 33304

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: April Eldemire  
Address: 1500 NE 8th St. Apt. A  
Fort Lauderdale, FL 33304

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

April Eldemire  
Required Signature/Registered Agent

4/9/12  
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.

April Eldemire  
Required Signature/Incorporator

4/9/12  
Date

FILED  
2012 MAY 11 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA