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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number	
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	





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FILED
SECRETARY OF STATE
TALL AND SSEE

COVER LETTER

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

SUBJECT: Eirene Counseling Services, Inc.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Jose J. Sierra	e (Printed or typed)
8530 Suburban Dr.	
	Address
Orlando, Florida 32829	
City	, State & Zip
407-401-1991	
Daytime [*]	Telephone number
gjsierra1@yahoo.com	
E-mail address: (to be use	ed 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 Eirene Counseling Sorporation shall be:		
		FILED	
	Principal Street address	Mailth appressiff different is:	
	Principal street address 1802 North Alaraya Trail		
	Suite 119 Orlando, Florida 32826	TALLAMASSEE, FLORIDA	
,	Dilaildo, i loilda 32020	TALLARA SEE, FLORIDA	
RTICLE III		.	
ie purpose for w	hich the corporation is organized is:		
Promoting m	ental and relational health of indivi	duals, families and communities.	
RTICLE IV he number of sha	SHARES 100 res of stock is:		
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS Country Doubles Officer	o D:.
Name and T Address:	itle: Jose J. Sierra, Officer & Preside 8530 Suburban Dr.	Name and Title: Georgina Panting, Officer & Address: 8530 Suburban Dr.	ווט צ
Address:	Orlando, Florida 32829	Orlando, Florida 32829	
Name and T	itle.	Name and Title:	
Address:		A. I.I.	
Name and T	itle:	Name and Title:	
Address:		Address:	
			
	REGISTERED AGENT	a) of the registered agent is:	
Name:	rida street address (P.O. Box NOT acceptable JOSE J. Slerra	of the registered agent is.	
Address:	8530 Suburban Dr.		
	Orlando, Florida 32829		
RTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name: Address:	Jose J. Šierra 8530 Suburban Dr.	<u></u>	
Address	Orlando, Florida 32829		
			atad :-
		cess for the above stated corporation at the place designate registered agent and agree to act in this capacity	nea ir
MIMINE	Jore J. Si	ern 06/18/2012	
	Required Signature/Registered Agent	Date	
	ment and affirm that the facts stated herein epartment of State constitutes a third degree fe	are true. I am aware that the false information submitte lony as provided for in s.817.155, F.S.	d in a
1 VIII		06/18/2012	
- Allen	Required Signature/Incorporator	ern 00/10/2012 Date	
H /	required orginalure/incurpolatul	Dute	