

P12.000059 118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

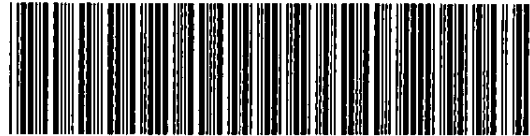
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/5/12

COVER LETTER

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

SUBJECT: Anthony Castro Ph.D., 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: Anthony Castro

Name (Printed or typed)

190 W. Sunrise Avenue

Address

Coral Gables, FL 33133

City, State & Zip

786-447-1588

Daytime Telephone number

amcastro3@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Anthony Castro Ph.D., Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
7152 NW 51 Street
Miami, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Professional Consultation Services (Clinical Psychologist)

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Anthony Castro, President</u>	Name and Title: _____
Address: <u>190 W. Sunrise Avenue</u>	Address: _____
<u>Coral Gables, FL 33133</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Anthony Castro
Address: 190 W. Sunrise Avenue
Coral Gables, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Castro
Address: 190 W. Sunrise Avenue
Coral Gables, FL 33133

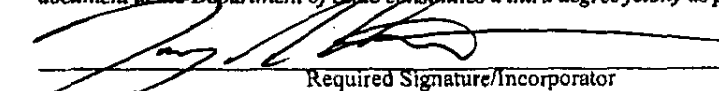
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06/29/12
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.



Required Signature/Incorporator

06/29/12
Date