

P12000082902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

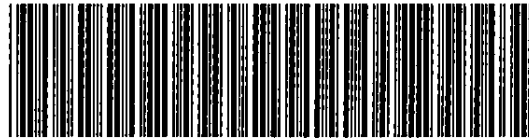
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/23/12--01011--007 **78.75

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8/24

W12-44418

COVER LETTER

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

SUBJECT: Living Tree Counseling, 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: Jennifer M. Juncosa

Name (Printed or typed)

P.O.Box 347483

Address

Coral Gables,

~~Miami~~ FL 33234

City, State & Zip

305-741-5011

Daytime Telephone number

livingtreemiami@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 SEP 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 27, 2012

JENNIFER M. JUNCOSA
PO BOX 347483
CORAL GABLES, FL 33234

SUBJECT: LIVING TREE COUNSELING, INC
Ref. Number: W12000044418

We have received your document for LIVING TREE COUNSELING, 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 must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 212A00021874

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: **Living Tree Counseling, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2000 South Dixie Highway ste:104
Miami, FL 33133

Mailing address, if different is:
P.O. Box 347483
Coral Gables, FL 33234

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Counseling services to children, adolescents and adults.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer M. Juncosa/ President	Name and Title: _____
Address: P.O. Box 347483	Address: _____
Coral Gables, FL 33234	_____

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: **Jennifer M. Juncosa**
Address: **2000 South Dixie Highway ste:104**
Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Jennifer M. Juncosa**
Address: **2000 South Dixie Highway ste:104**
Miami, 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

08/14/12

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

8/14/12
Date

12 SEP 28 PM 1:04