

P120000088008

(Requestor's Name)

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(City/State/Zip/Phone #)

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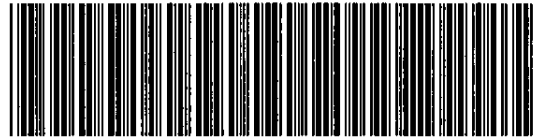
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 17 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Wright & Associates, Inc. Center for Therapeutic Services
(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: Kari A. Wright
Name (Printed or typed)

8509 BENJAMIN RD SUITE D
Address

Tampa, FL 33634
City, State & Zip

813-489-9814
Daytime Telephone number

wright@wrighttherapycenter.com
E-mail address: (to be used 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

The name of the corporation shall be: **Wright & Associates, Inc. Center for Therapeutic Services**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8509 BENJAMIN RD SUITE D
TAMPA, FL 33634

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: **3000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Kari Wright President/Director**
Address: **8509 BENJAMIN RD SUITE D**
TAMPA, FL 33634

Name and Title: **Dwayne Wright, CEO**
Address: **14627 N. 43rd Street**
Tampa, FL 33613

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: **Kari Wright**

Address: **8509 BENJAMIN RD SUITE D**
TAMPA, FL 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Dwayne Wright**

Address: **14627 N. 43rd Street**
Tampa, FL 33613

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

10/15/12

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

10/15/12

Date