

P12000091701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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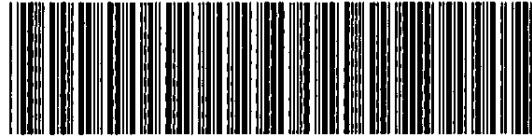
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/12--01002--014 **78.75

12 OCT 31 AM 10:38
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

Rs 10/1/12

COVER LETTER

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

SUBJECT: DEZELIC & ASSOCIATES, 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: MARIE S. DEZELIC

Name (Printed or typed)

101 SIDONIA AVENUE, #601

Address

CORAL GABLES, FLORIDA 33134

City, State & Zip

(305) 775-1031

Daytime Telephone number

msdezelic@yahoo.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.

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
12 OCT 31 AM 10:38

ARTICLE I NAME

The name of the corporation shall be:

DEZELIC & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2655 LE JEUNE ROAD
SUITE 537
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PSYCHOTHERAPY AND ANY OTHER LAWFUL BUSINESS PERMITTED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED (500) SHARES AT US\$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MARIE S. DEZELIC, PRESIDENT	Name and Title:	_____
Address:	101 SIDONIA AVENUE	Address:	_____
	APT. #601		_____
	CORAL GABLES, FL 33134		_____

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: MARIE S. DEZELIC
Address: 101 SIDONIA AVENUE, #601
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIE S. DEZELIC
Address: 101 SIDONIA AVENUE, #601
CORAL GABLES, FL 33134

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

Marie S. Dezelic *Me*

Required Signature/Registered Agent

10/01/12

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.

Marie S. Dezelic *Me*

Required Signature/Incorporator

10/01/12

Date