

P1300028722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

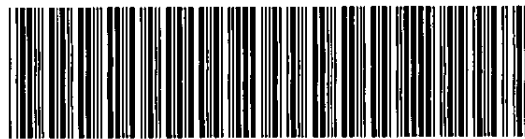
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400246138004

03/28/13--01011--005 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 28 PM 2:48

Ps 3/29/13

COVER LETTER

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

SUBJECT: Brush Strokes Art Therapy, 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: Sonia A. Thomas

Name (Printed or typed)

961 West Country Club Circle

Address

Plantation, Florida 33317

City, State & Zip

(954) 856-3110

Daytime Telephone number

Sonia_ATR@hotmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Brush Strokes Art Therapy, Inc.

13 MAR 28 PM 2:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

961 W. Country Club Circle

Plantation, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To practice the profession of art therapy

and grief counseling in the State of Florida and for any other lawful business purpose that is allowed under the corporation laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sonia A Thomas Pres/Sec/Treas

Name and Title: _____

Address

961 W. Country Club Circle

Address: _____

Plantation, FL 33317

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 MAR 28 PM 2:48
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sonia A. Thomas
Address: 961 W. Country Club Circle
Plantation, FL 33317

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Sonia A. Thomas
Address: 961 W. Country Club Circle
Plantation, FL 33317

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

 3/20/13
Required Signature/Registered Agent 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.

 3/20/13
Required Signature/Incorporator Date