

P13000040117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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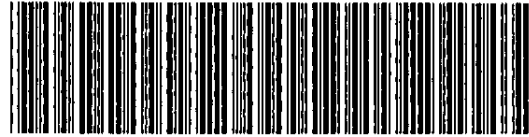
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/03/13

COVER LETTER

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

SUBJECT: George Sheppard Psy.D. P. A.
(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: George Sheppard Psy.D.
Name (Printed or typed)

3063 Petawinkle circle
Address

DAvie florida 33328
City, State & Zip

305 348 2434
Daytime Telephone number

Sheppard@gmail.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:

Dr. George Sheppard PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2741 Executive Park Dr.
Suite 1
Weston Florida 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clinical and Consulting Psychological
Services

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

George Sheppard, President

Name and Title:

Address

3063 Periwinkle Cir
Davie FL 33328

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: Dr. George Sheppard
Address: 2741 Executive Park Dr. Suite 1
Weston FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. George Sheppard
Address: 3063 Periwinkle Circle
DAVIE FL 33328

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TALLAHASSEE, FLORIDA

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:

[Signature]
Required Signature/Registered Agent

4/22/13
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.817.133, F.S.

[Signature]
Required Signature/Incorporator

4/22/13
Date