

P13000050188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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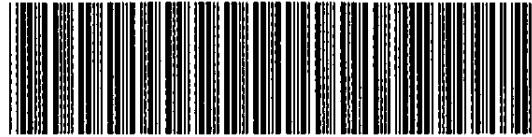
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
FALL 2002 (P. 10)

W3-23724

E. Burch JUN 10 2013

Pvt

**COVER LETTER.**

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

SUBJECT:

Claudia Rojas-Baisden 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:

Claudia Rojas-Baisden

Name (Printed or typed)

13000 Sawgrass Village Circle suite 11

Address

Ponte Vedra Beach Fl. 32082

City, State & Zip

904 280 8555

Daytime Telephone number

rojasclau@aol.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

April 23, 2013

CLAUDIA ROJAS-BAISDEN  
13000 SAWGRASS VILLAGE CIRCLE STE 11  
PONTE VEDRA BEACH, FL 32082

SUBJECT: CLAUDIA ROJAS-BAISDEN INC  
Ref. Number: W13000023724

We have received your document for CLAUDIA ROJAS-BAISDEN 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 have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00009717

**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: Claudia Rojas-Baisden Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13000 Sawgrass Village Circle

Ponte Vedra Beach, FL 32082

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Mental Health Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Claudia Rojas-Baisden</u>	Name and Title:	<u>President</u>
Address	<u>13000 Sawgrass Village Circle</u>	Address:	<u>13000 Sawgrass Village Circle</u>
	<u>Ponte Vedra Beach, FL 32082</u>		<u>Ponte Vedra Beach, FL 32082</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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CLARK COUNTY, FLA.

(conti.)

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: Claudia Rojas-Baisden  
Address: 13060 Sawgrass Village Circle  
Suite 11, Ponte Vedra, FL 32082

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Claudia Rojas-Baisden  
Address: 13000 Sawgrass Village Circle  
Ponte Vedra Beach, FL 32082

*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*

Claudia Rojas-Baisden

Required Signature/Registered Agent

June 3-2013

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.*

Claudia Rojas-Baisden

Required Signature/Incorporator

June 3-2013

Date