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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.****
Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DR. PEGGY MUSTELIER, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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13 JUL -8 PM 12:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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13 JUL -8 PM 4:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

13 JUL -8 PM 12: 37

ARTICLE I NAME

The name of the corporation shall be: DR. PEGGY MUSTELIER, P.A.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
7815 CAMINO REAL APT 1418
MIAMI, FL 33143

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING PSYCHOLOGICAL SERVICES TO THE PUBL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARGALITA M. MUSTELIER, PRESIDENT

Address: 7815 CAMINO REAL APT 1418

MIAMI, FL 33143

Name and Title: MARGALITA M. MUSTELIER

Address: 7815 CAMINO REAL APT 1418

MIAMI, FL 33143

Name and Title: SECRETARY - TREASURER

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: MARGALITA M. MUSTELIER

Address: 7815 CAMINO REAL APT 1418

MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARGALITA M. MUSTELIER

Address: 7815 CAMINO REAL APT 1418

MIAMI, FL 33143

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

[Signature] 7/2/13
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.817.155, F.S.

[Signature]

Required Signature/Incorporator

[Signature] 7/2/13
Date