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SECRETARY OF STATE
DIVISION OF CORPORATIONS

8/5

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COVER LETTER

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

SUBJECT: William E. Oglesby, Jr., 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: William E. Oglesby, Jr., Psy.D.

Name (Printed or typed)

308 Crabapple Court

Address

Rehobeth, AL 36301

City, State & Zip

850-326-2776

Daytime Telephone number

woglesby@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: William E. Oglesby, Jr., Psy.D., P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1640 Metropolitan Circle

Suite 1

Tallahassee, FL 32308

Mailing address, if different is:

308 Crabapple Court

Rehobeth, AL 36301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Clinical and forensic psychological services

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William E. Oglesby, Jr., Director

Address: 308 Crabapple Ct
Rehobeth, AL 36301

Name and Title: William E. Oglesby, Jr., President

Address: 308 Crabapple Ct
Rehobeth, AL 36301

Name and Title: William E. Oglesby, Jr., Vice President

Address: 308 Crabapple Ct
Rehobeth, AL 36301

Name and Title: William E. Oglesby, Jr., Secretary

Address: 308 Crabapple Ct
Rehobeth, AL 36301

Name and Title: William E. Oglesby, Jr., Treasurer

Address: 308 Crabapple Ct
Rehobeth, AL 36301

Name and Title: _____

Address: _____

13 JUL 31 PM 9:30
STATE
DIVISION OF CORPORATIONS

(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: Sharon C. Richardson, CPA

Address: 1625 Metropolitan Circle

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: William E. Oglesby, Jr.

Address: 308 Crabapple Court

Rehobeth, AL 36301

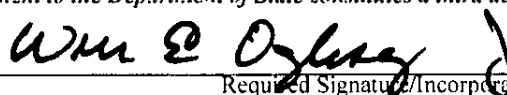
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 31 PM 3:30

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


Required Signature/Registered Agent

7/11/13
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.


Required Signature/Incorporator

7/11/13
Date