

P13 00 00 96403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

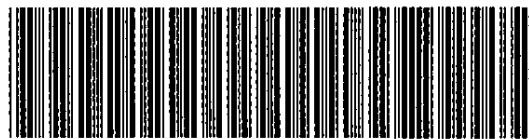
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Division of Motor Vehicles

COVER LETTER

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

SUBJECT: Personalized Counseling Services of Ocala, 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: Personalized Counseling Services of Ocala, Inc.

Name (Printed or typed)

P. O. Box 932

Address

Ocala FL 34478-0932

City, State & Zip

352/362-6094

Daytime Telephone number

hmarinoservices@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: Personalized Counseling Services of Ocala, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2227 S Pine Avenue, Suite 102

Ocala FL 34471-5132

Mailing address, if different is:

P. O. Box 932

Ocala FL 34478-0932

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any operation which is legal in the State of Florida

Effective date of the corporation shall be January 1, 2014

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harriet Marino, President

Address P. O. Box 932

Ocala FL 34478-0932

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED UP COUNTY OF FLA
CLERK OF CIRCUIT COURT
DEC -2 PM 3:09

(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: Harriet Marino
Address: 2227 S Pine Avenue, Ste 102
Ocala FL 34471-5132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolyn Setliff
Address: 3035 SE Maricamp Road #108
Ocala FL 34471

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

Harriet Marino
Required Signature/Registered Agent

11/25/2013

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.

Carolyn Setliff
Required Signature/Incorporator

11/25/2013

Date

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