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(Address)

(Address)

(City/State/Zip/Phone #)

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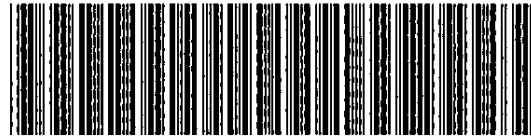
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Psychotherapists of the Palm Beaches 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 ☒ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Dr. Manal Michail

Name (Printed or typed)

5700 Lake Worth Suite 308

Address

Lake Worth, FL 33463

City, State & Zip

954-815-3464

Daytime Telephone number

manalliam@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

December 10, 2013

DR. MANAL MICHAIL
5700 LAKE WORTH
SUITE 308
LAK WORTH, FL 33463

SUBJECT: PSYCOTHERAPISTS OF THE PALM BEACHES INC.
Ref. Number: W13000067373

We have received your document for PSYCOTHERAPISTS OF THE PALM BEACHES 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):

Please accept our apology for failing to mention this in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 913A00028027

COVER LETTER

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City, State & Zip

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Daytime Telephone number

manalliam@aol.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: Psychotherapists of the Palm Beaches Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

5700 Lake WorthSuite 308Lake Worth, FL 33463**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide a service from a
Psychotherapist that specializes in couples therapy.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Manal Michail - President

Name and Title: _____

Address 5700 Lake Worth

Address: _____

Suite 308Lake Worth, FL 33463

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

11/20/2013 06:50 TO:15619639192 FROM:5614240059

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(cont.)

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: Manal MichailAddress: 6700 Lake Worth Suite 308Lake Worth, FL 33463**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Manal MichailAddress: 6700 Lake Worth Suite 308Lake Worth, FL 33463

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

Date

11/7/13

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

Date

12/18/13