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W13-62974

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

Psycotherapists 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 & Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

м. [Dr. Manal Michail
.,	Name (Printed or typed)
5	5700 Lake Worth Suite 308
	Address
L	ake Worth, FL 33463
_	City, State & Zip
9	954-815-3464
	Daytime Telephone number
n	nanalliam@aol.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)



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

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

SUBJECT:	Psycotherapists	of the Palm	Beaches Inc.
	(PROPOSED CO	RPORATE NAME – MU	IST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

	i i		
\$70.00 \$78.00 Filing Fee Filing F		\$78.75 Filing Fec & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED

FROM:	Dr. Manal Michail
i icom.	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.

ICLE I	ARTICLES OF INC In compliance with Chapter 607 and IAME Poration shall be: Psycotherapists of	d/or Chapter 621, F.S. (Profit)	A A STATE
ICLE II F	PRINCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	"' <i>6</i> . ₍
700 Lake	Worth		
uite 308			
ke Wort	h, FL 33463		
FICLE III P	URPOSE Ch the corporation is organized is:	vide a service from a	
sycother	paist that specializes in	couples therapy.	
PICLE V II	HARES of stock is: 100 VITIAL OFFICERS AND/OR DIRECTO		
PICLE V 11	<u>vitial officers and/or directo</u> _{itle:} Manal Michail - President	Name and Title:	
PICLE V II	<u>vitial officers and/or directo</u> itle:Manal Michail - President 5700 Lake Worth		
PICLE V 11	NITIAL OFFICERS AND/OR DIRECTO itle: Manal Michail - President 5700 Lake Worth Suite 308	Name and Title: Address:	
PICLE V 11	<u>vitial officers and/or directo</u> itle:Manal Michail - President 5700 Lake Worth	Name and Title:	
Name and T	Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address:	
Name and T	Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address: Name and Title:	
Name and T Address	MITIAL OFFICERS AND/OR DIRECTO. Sitle: Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address: Name and Title:	
Name and T Address	MITIAL OFFICERS AND/OR DIRECTO. Sitle: Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address: Name and Title:	
Name and T Address Name and Ti Address	Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address: Name and Title:	
Name and T Address Name and Ti Address	Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address: Name and Title: Address:	
Name and Ti Address Name and Ti Address	Manal Michail - President 5700 Lake Worth Suite 308 Lake Worth, FL 33463	Name and Title: Address: Name and Title: Address:	

Name and Tille: Address: Name: Manal Michell Address: Enew Worth, FL 33483 APTICLE VII INCORPORATOR The Manal Address: Name: Manal Michell Address: Address: Name: Manal Michell Address: Address: Address: Address: Name: Manal Michell Address: Address: Address: Address: Address: Address: Name: Manal Michell Address: Address: Address: Address: Address: Address: Name: Manal Michell Address: Add	11/20/2011	05+50 \	TO:15	619639192	FROM:5614248059	Pages 6		
Address: ARTICLE VI REGISTORED AGENT The name and Florida street eddress (P.O. Box NOT acceptable) of the registered agent is: Name: Mental Michail Address: Enke Worth, FL 33483 APTICLE VII INCORPORATOR The name and address of the iscorporator is: Name: Manal Michail Address: Address: Address: Address: Manal Michail Address: Add	e ^k ne.	·	:			S	~ 1	(coall)
ARTICLE VI REGISTORED AGENT The name and Florida street endereus (P.O. Box NOT acceptable) of the registered agent is: Name: Menal Michail Address: 6700 Lake Worth Suite 308 Lake Worth, FL 33483 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Manal Michail Address: 5700 Lake Worth Suite 308 Lake Worth, FL 33483 Manal Michail Address: 6700 Lake Worth Suite 308 Lake Worth, FL 33483		•	Name au	t Title:			Name and Title:	
The name and Florida street edders (P.O. Box NOT acceptable) of the registered open is: Name: Menal Michell 8700 Lake Worth Suite 308 Lake Worth, FL 33483 APTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Manal Michell Address: 5700 Lake Worth Suite 308 Lake Worth, FL 33463 Hawing been named as registered agent to accept service of process for the above stated corporation at the place decignation is the cartificots, I am familiar with and accept the appointment as registered agent and agree to act in this capacity			Address	•			Address:	
The name and Florida street edders (P.O. Box NOT acceptable) of the registered open is: Name: Menal Michell 8700 Lake Worth Suite 308 Lake Worth, FL 33483 APTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Manal Michell Address: 5700 Lake Worth Suite 308 Lake Worth, FL 33463 Hawing been named as registered agent to accept service of process for the above stated corporation at the place decignation is the cartificots, I am familiar with and accept the appointment as registered agent and agree to act in this capacity				-				
Lake Worth, FL 33483 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Manal Michail 5700 Lake Worth Sulte 308 Lake Worth, FL 33483 Manual Dean maned as regardered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		The ne	mo and Fi	rida stree	Leddreus (P.O. Box NO	OT acceptable) of	f the registered agent is:	
The name and address of the incorporator is: Name: Manal Michail Address: 5700 Lake Worth Sulta 308 Lake Worth, FL 33483 Having been named as registered agent to accept service of process for the above stated corporation at the place designation contilled and familiar with and agree to act in this capacity.		Addre	Mf ,	8700 Le	ke Worth Suite 308	3	· -	
The name and address of the incorporator is: Name: Manal Michail Address: 5700 Lake Worth Sulta 308 Lake Worth, FL 33483 Manual Beau maned as registered agent to accept service of process for the above stated corporation at the place designations confidence, I am familiar with and accept the appointment as registered agent and agree to act in this capacity				Lake W	orth, FL 33483		•	
Name: Manal Michail 5700 Lake Worth Sulta 308 Lake Worth, FL 33483 Manual Michail Lake Worth, FL 33483 Manual Manual description of the above stated corporation at the place designation for this certificate, I am familiar with and agree to act in this capacity.		<u>artn</u>	LB VII	<u>INCORP</u>	DRATOR			
Address: 5700 Lake Worth Sulta 308 Lake Worth, FL 33483 Hawing been named as registered agent to accept service of process for the above stated corporation at the place designal this certificate. Jann familiar with and agrees to act in this capacity.		The na	ue and add		•			
Lake Worth, FL 33483 Making been maned as registered agent to accept service of process for the above stated corporation at the place designation this cartificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	•	Nam	A)	Mε	nal Michail			
Marking been named as registered agent to accept zervice of process for the above stated corporation at the place designate this corfficate. Jam familiar with and accept the appointment as registered agent and agree to act in this capacity		Ad	ireas:	570	0 Lake Worth 9	Sulte 308		
this certificate I am familiar with and occupative appointment as registered again and agrees to set in this capacity				La	ke Worth, F	L 33463	•	
Required Signature/Registered Agent Date		Mawing this core	been Hame Micate, Jan	d as regte o fundiar	ered agont to accept zo	rides of process Solutions as regi	for the above stated corporation at the place istered agent and agree to act in this capacity	destanated to
			4	Re	ouired Signature/Regist	ered Agent	Date Date	143
I submit this document and affirm that the facts emted herein are true. I am aware that the false information xubmitted document to the Department of State constitutes a third degree felony as provided for in a \$17.255, F.S.	;	S sabmit docunțe	this docu if to the De	went and a	effirm that the facts so	nted herein are t	rus. I am aware that the false information a as provided for in self.155, K.S.	shirined in a
12 Gall	-	<u>. "[</u>	S S			<u> </u>	1215	5/13