

PIA 000000877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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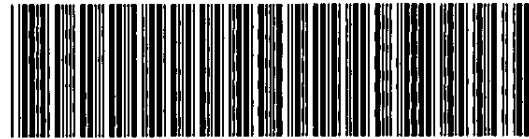
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/02/14 --01029--004 **\$7.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: _____

Pinecrest Counseling, 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: _____

IRIS MORE

Name (Printed or typed)

10351 SW 119th

Address

Miami, FL 33176

City, State & Zip

(305) 213-2719

Daytime Telephone number

imore1111@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:

Pinecrest Counseling, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9260 Sunset Drive

Suite 203

Miami, Fl. 33173

Mailing address, if different is:

10351 SW 119 Street

Miami, Fl. 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality
mental health and wellness services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Iris MORE

Name and Title:

Address

President

Address:

10351 SW 119 St.

Miami, Fl. 33176

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(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:

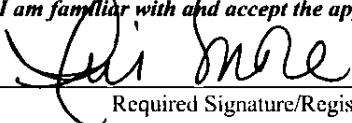
Name: IRIS MORE
Address: 9260 Sunset Drive, Suite 203
Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IRIS MORE
Address: 10351 SW 119th
Miami, FL 33176

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

01/01/14
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

01/01/14
Date

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