

P14000018156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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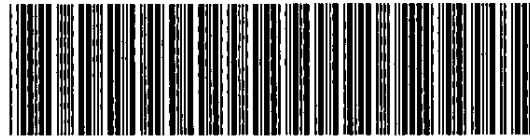
(Business Entity Name)

(Document Number)

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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: **LaBelle Therapy Center 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      ☒ \$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: **Janet M. Fenner**

Name (Printed or typed)

**94 North Hall Street**

Address

**LaBelle , Florida 33935**

City, State & Zip

**863 843-5959**

Daytime Telephone number

**lcc94hall@yahoo.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: LaBelle Therapy Center P.A.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

94 North Hall Street

LaBelle, Florida 33935

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Psychotherapy

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Janet M. Fenner President

Name and Title: \_\_\_\_\_

Address 94 North Hall Street

Address: \_\_\_\_\_

LaBelle, Florida 33935

Name and Title: Janet M. Fenner Director

Name and Title: \_\_\_\_\_

Address 94 North Hall Street

Address: \_\_\_\_\_

LaBelle, Florida 33935

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: Janet M. Fenner

Address: 94 North Hall Street  
LaBelle, Florida 33935

**ARTICLE VII INCORPORATOR**

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

Name: Janet M. Fenner

Address: 94 North Hall Street  
LaBelle, Florida 33935

*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*

Janet M. Fenner  
Required Signature/Registered Agent

2/6/2014  
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.*

Janet M. Fenner  
Required Signature/Incorporator  
**JANET M. FENNER**

2/6/2014  
Date

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