

PA000018924

(Requestor's Name)

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(City/State/Zip/Phone #)

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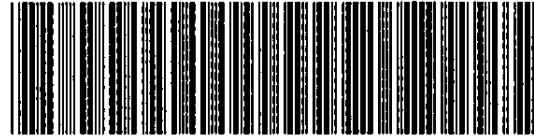
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/14--01010--002 **70.00

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14 FEB 21 AM 6:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: International Seminars Group 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: Christopher J. Fichera PhD
Name (Printed or typed)

7100 W Camino Real # 123
Address

Boca Raton, FL 33433
City, State & Zip

954-801-7627
Daytime Telephone number

DrFichera@Comcast.net
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: International Seminars Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7100 W. Camino Real #123
Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop educational
materials, workshops, seminars, etc that address
ideas of perennial importance to mental health
care providers.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Fichera - Director Name and Title: _____

Address 2208 S Ocean Ln #1209 Address: _____
FT LAUDERDALE, FL
33316

Name and Title: Sharon M. Theroux - President Name and Title: _____

Address 2208 S. Ocean Ln #1209 Address: _____
FT LAUDERDALE, FL
33316

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: Sharon M Therax
Address: 2200 S OCEAN LN #1209
FT LAUDERDALE, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon M Therax
Address: 2200 S OCEAN LN #1209
FT LAUDERDALE, FL 33316

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

2/14/14
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

2/14/14
Date

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