

P/4000020020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

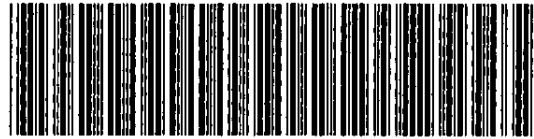
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/27/14--01014--002 **78.75

14 FEB 27 AM 10:23
FALLAHASHI, JORDAN

03/05/14

COVER LETTER

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

SUBJECT: J. H. Minogue, LCSW, 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: Laurel Decker

Name (Printed or typed)

519 N D St

Address

Lake Worth, FL 33460

City, State & Zip

561-305-6259

Daytime Telephone number

lovejennylove@gmail.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: J. H. Minogue, LCSW, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

521 Lake Ave

Ste 9

Lake Worth, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide any and all mental health services as allowed by law.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Minogue, Pres

Name and Title: _____

Address 521 Lake Ave

Address: _____

Ste 9

Lake Worth, FL 33460

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 FEB 27 AM 10:23
TALLAHASSEE, FLORIDA

(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: Laurel Decker

Address: 519 N D St

Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

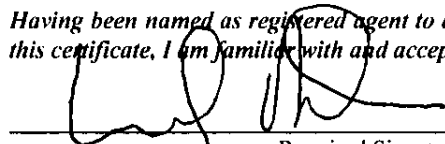
The **name and address** of the Incorporator is:

Name: Laurel Decker

Address: 519 N D St

Lake Worth, FL 33460

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

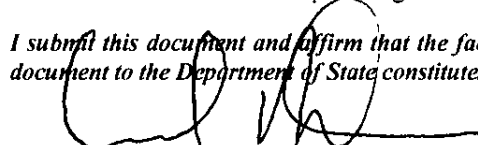


Required Signature/Registered Agent

2/24/14

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

2/24/14

Date