

P/4000026598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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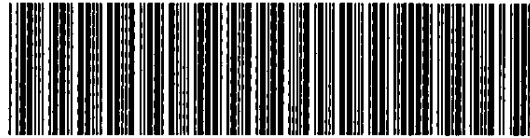
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAR 24 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/26/14

## COVER LETTER

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

SUBJECT: Dr. Heather Holmes, 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: Dr. Heather Holmes

Name (Printed or typed)

1975 East Sunrise Blvd., Suite #502

Address

Ft. Lauderdale, FL 33304

City, State & Zip

305-793-0838

Daytime Telephone number

DrHolmes100@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: Dr. Heather Holmes, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1975 East Sunrise Blvd

Suite #502

Ft. Lauderdale, FL 33304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide services in the areas of clinical and forensic psychology

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Heather Holmes, President

Address: 1975 East Sunrise Blvd

Suite #502

Ft. Lauderdale, FL 33304

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

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

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
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: Dr. Heather Holmes  
Address: 1975 E. Sunrise Blvd #502  
Ft. Lauderdale, FL 33304

**ARTICLE VII INCORPORATOR**

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

Name: Dr. Heather Holmes  
Address: 1975 E. Sunrise Blvd #502  
Ft. Lauderdale, FL 33304

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*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*

Heather Holmes 3/19/14  
Required Signature/Registered Agent 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.*

Heather Holmes 3/19/14  
Required Signature/Incorporator Date