

COVER LETTER

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

SUBJECT: EXECUTIVE THERAPY, 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 ☐ \$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: OWEN L DUNKLEY
Name (Printed or typed)

684 SPRINGDALE CIRCLE,
Address

PALM SPRINGS, FL, 33461
City, State & Zip

561-8561354
Daytime Telephone number

OWEN L DUNKLEY @ 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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: EXECUTIVE THERAPY, INC.

JUL 15 PM 2:27

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE FLORIDA

684 SPRINGDALE CIR.,
PALM SPRINGS, FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OWEN L DUNKLEY Name and Title: _____

Address: 684 SPRINGDALE CIR Address: _____
PALM SPRINGS, FL, _____
33461 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVE^(cont.)
AND
FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

14 JUL 15 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OWEN L DUNKLEY
Address: 684 SPRINGDALE CIR,
PALM SPRINGS, FL; 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OWEN L DUNKLEY
Address: 684 SPRINGDALE CIRCLE,
PALM SPRINGS, FL; 33461

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

Owen L Dunkley
Required Signature/Registered Agent

07-02-14
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.

Owen L Dunkley
Required Signature/Incorporator

07-02-14
Date