

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
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| (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: |  |  |  |  |
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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

FILED

15 APR 20 AM 8: 37

APR 2 1 2015 8. GILBERT



\*CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Cypress Creek Therapy & Relation | ship        |             |                                |
|----------------------------------|-------------|-------------|--------------------------------|
| Center, Inc.                     |             |             |                                |
|                                  |             |             |                                |
|                                  |             |             |                                |
|                                  |             |             |                                |
|                                  |             |             | Art of Inc. File               |
|                                  |             |             | LTD Partnership File           |
|                                  |             |             | Foreign Corp. File             |
|                                  |             |             | L.C. File                      |
|                                  |             |             | Fictitious Name File           |
|                                  |             |             | Trade/Service Mark             |
|                                  |             |             | Merger File                    |
|                                  |             |             | Art. of Amend. File            |
|                                  | ì           |             | RA Resignation                 |
|                                  |             | <del></del> | Dissolution / Withdrawal       |
|                                  |             |             | Annual Report / Reinstatement  |
|                                  |             |             | Cert. Copy                     |
|                                  |             |             | Photo Copy                     |
|                                  |             |             | Certificate of Good Standing   |
|                                  |             |             | Certificate of Status          |
|                                  |             |             | Certificate of Fictitious Name |
|                                  |             |             | Corp Record Search             |
|                                  |             |             | Officer Search                 |
|                                  |             | <b></b>     | Fictitious Search              |
| Signature                        | <del></del> |             | Fictitious Owner Search        |
|                                  |             |             | Vehicle Search                 |
|                                  |             |             | Driving Record                 |
| Requested by: Seth 04/20/15      |             | <u> </u>    | UCC 1 or 3 File                |
| Name Date                        | Time        | l           | UCC 11 Search                  |
| name Date                        | Time        |             | UCC 11 Retrieval               |
| Walk-In Will Pick Up             |             |             | Courier                        |

## **COVER LETTER**

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

SUBJECT: Cypress Creek Therapy & Relationship Center, 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 \$\$ \$87.50

■ \$70.00 □ \$78.75

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

| ROM:           | Karen Berner Arcuri  |  |  |  |
|----------------|--|--|--|--|
| <b>COIVI</b> . | Name (Printed or typed)  |  |  |  |
|                | 703 60th St. Ct. E, Suite C  |  |  |  |
|                | Address  |  |  |  |
|                | Bradenton, FL 34208  |  |  |  |
|                | City, State & Zip  |  |  |  |
|                | 941-920-0189   |  |  |  |
|                | Daytime Telephone number   |  |  |  |
|                | bernercounseling@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)

| <u>ARTICLE II PRI</u>  | NCIPAL OFFICE   | Matthewal  | d (6 d) 66 (  |  |
|--|---|--|---|--|
| 703 60th St. C   | Principal street address  | -  | Mailing address, if different is: 11755 Shirburn Circle |  |
|  |   |  |   |  |
| Bradenton, FL 34208  |   | Parrish, FL 34219  |   |  |
| ·  | <del></del>   |  |   |  |
| ARTICLE III PUR The purpose for which t                          | POSE he corporation is organized is: Marria                                       | ge & Family Cour   | nseling   |  |
|  |   |  | 74. F. 5  |  |
|  |   |  | A PR  |  |
|  |   |  | <u> </u>  |  |
|  |   |  |   |  |
|  |   |  | CONTRACTOR OF THE PARTY.                                |  |
|  |   |  | œ   |  |
| APTICI F IV SU   | DFC   |  | 8: 37   |  |
| ARTICLE IV SHA   | NRES stock is:  |  | 9:37  |  |
| The number of shares of  | Stock 15.   |  | 8:37<br>.eniby  |  |
| ARTICLE V INI  | TIAL OFFICERS AND/OR DIRECTO  |  | 8:37  |  |
| ARTICLE V INI  | Maren Berner Arcuri, CEC  |  | 37  |  |
| ARTICLE V INI  | TIAL OFFICERS AND/OR DIRECTO  |  | 37  |  |
| ARTICLE V INIT   | Maren Berner Arcuri, CEC  | Name and Title:  | 37  |  |
| ARTICLE V INIT   | TIAL OFFICERS AND/OR DIRECTO<br>Karen Berner Arcuri, CEC<br>11755 Shirburn Circle | Name and Title:  | 37  |  |
| ARTICLE V INIT   | TIAL OFFICERS AND/OR DIRECTO<br>Karen Berner Arcuri, CEC<br>11755 Shirburn Circle | Name and Title:  | 37  |  |
| ARTICLE V INI  Name and Title  Address                           | TIAL OFFICERS AND/OR DIRECTO<br>Karen Berner Arcuri, CEC<br>11755 Shirburn Circle | Name and Title:  Address:                                      | 37  |  |
| ARTICLE V INT  Name and Title  Address  Name and Title           | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  Address:  Name and Title:                     | 37  |  |
| ARTICLE V INI  Name and Title  Address                           | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  Address:  Name and Title:  Address:           | 37  |  |
| ARTICLE V INT  Name and Title  Address  Name and Title           | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  Address:  Name and Title:  Address:           | 37  |  |
| ARTICLE V INT  Name and Title  Address  Name and Title           | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  Address:  Name and Title:  Address:  Address: | 37  |  |
| ARTICLE V INIT  Name and Title  Address  Name and Title  Address | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  Address:  Name and Title:  Address:           | 37  |  |
| ARTICLE V INIT  Name and Title  Address  Name and Title  Address | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  Address:  Name and Title:  Address:           | 37  |  |
| ARTICLE V INIT  Name and Title  Address  Name and Title  Address | Karen Berner Arcuri, CEC<br>11755 Shirburn Circle<br>Parrish, FL 34219            | Name and Title:  | 37  |  |

| Name a                           | nd Title:   | Name and Title:   |
|----------------------------------|---|---|
| Addres                           | s   | Address:  |
| ARTICLE VI The name and I        | <u>REGISTERED AGENT</u><br>Torida street address (P.O. Box NOT acceptable) o<br>Karen Berner Arcuri       | of the registered agent is:   |
| Address:                         | 11755 Shirburn Circle   | _   |
|                                  | Parrish, FL 34219   | _   |
| ARTICLE VII                      | INCORPORATOR  |   |
| The name and a                   | ddress of the Incorporator is:  |   |
| Name:                            | Karen Berner Arcuri   | <del>-</del>  |
| Address:                         | 11755 Shirburn Circle   | _   |
|                                  | Parrish, FL 34219   | _   |
| this certificate, I              | am familiar with and accept the appointment as re   | s for the above stated corporation at the place designated in<br>gistered agent and agree to act in this capacity |
| Karen E                          | Berner Arcuri Karen Berner  | Arcuri 4/16/15  |
|                                  | Required Signature/Registered Agent   | Date  |
| I submit this do document to the | cument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felo | e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.                |
| Karen B                          | erner Arcuri Karen Berner Arc   | curi 4/20/16  |
|                                  | Required Signature/Incorporator   | Date  |