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TALLAHASSEE, FLORIDA
15 JUL 13 PM 1:58

2-20-15

COVER LETTER

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

SUBJECT: Perdido Counseling Professionals 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: Perdido Counseling Professionals

Name (Printed or typed)

1045 Freeboard Blvd

Address

Pensacola, FL 32507

City, State & Zip

(850) 390-2052

Daytime Telephone number

gary_tanya@hotmail.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: Perdido Counseling professionals Inc per c

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
1045 Freeboard Blvd
Pensacola, FL 32507

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Counseling

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Officer Tanya White Name and Title: Officer Christine Abad

Address: 1045 Freeboard Blvd Address: 3109 Seafarers Way

Pensacola, FL 32507 Pensacola, FL 32526

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Tanya White _____

Address: 1045 Freeboard Blvd _____

Pensacola, FL 32507 _____

ARTICLE VII INCORPORATOR

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

Name: Stephen Scott _____

Address: 804 N 75th Ave _____

Pensacola, FL 32526 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/30/15

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

06/30/15

Date