P16000003556

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)	<u> </u>		
(Cit	ty/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000279403940

12/08/15--01005--022 **70.00

16 JAH 10 AM 5: 50
LATE ANALYSIAF STATE

COVER LETTER

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

SUBJECT:	MICHELLE M	lankoff 1000 TENAME-MUSTINCE	M. LITTE I III.			
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM: Mohellé Mankoff Name (Printed or typed)						
19071 tox landing Drive						
Boca Ration Fl 33434 City, State & Zip						
561 573 222 Daytime Telephone number						
E-mail address) (to be-ased for future annual report notification)						

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2015

MICHELLE MANKOFF 19071 FOX LANDING DR BOCA RATON, FL 33434

SUBJECT: MICHELLE MANKOFF LMFT, INC.

Ref. Number: W15000080405

We have received your document for MICHELLE MANKOFF LMFT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 815A00026181

ARTICLES OF INCORPORATION
"In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	elle Mankoff LMFT	, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address MICACILE Mark off	Mailing add	dress, if different is:
1907/ Fox landing Driv BOCA RATON FI 334=	311	
ARTICLE III PURPOSE The purpose for which the corporation is organized	dis: TO Drovide Cour	nseling_
		J
		<u> </u>
ARTICLE IV SHARES I () (1)		
ARTICLE IV SHARES The number of shares of stock is: 100		
ADTICLE V. INITIAL OFFICERS AND OR I	DIRECTORS	
Name and Title: MUNEUC MC	President	
100	Name and Title:	
Address TOTYUND	Address:	
BOY KENO	1+1.30454	
Name and Title:	Name and Title	
	Name and Title:	De de Care
Address	Address:	
		1; graph
		The Sant
Name and Title:	Name and Title	4 7 5
	Name and Title:	
Address	Address:	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	· <u> </u>

Name and Title:		Name and Title:	
Address		Address:	
_			
The name and Florida stree	REDAGENT et address (P.O. Box NOT acceptable) of helle Mankoff 71 Fox landing 1 a Raton, F133	the registered agent is:	
ARTICLE VII INCORPO	<u>PRATOR</u>	,_ ,	
The name and address of the Name: Address: Address:	e Incorporator is: 1Chelle Mankoff 1071 Fox landing OCA Raton, F1330	9 134	
ARTICLE VIII EFFECT. Effective date, if other than (If an effective date is listed days after the filing.)	IVE DATE: the date of filing:	2016 . (OPTIONAL) be more than five business days	prior or 90 business
	this block does not meet the applicable see on the Department of State's records.	statutory filing requirements, this da	ate will not be listed as
this certificate, I am familia	stered agent to accept service of process r with and accept the appointment as regi	for the above stated corporation at istered agent and agree to act in thi	the place designated in scapacity Date
I submit this document and	affirm that the facts stated herein are to tof State constitutes a third degree felony	v as provided for in s.817.155, F.S.	ormation submitted in a
	elle Mankoff		Date