

PI6 000042705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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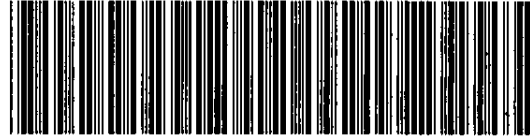
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 16 AM 10:37

MTM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2016

ANNE E. LAMA-LEWIS  
1265 KASS CIRCLE  
SPRINGHILL, FL 34606

SUBJECT: LAMA LEWIS THERAPY, INC  
Ref. Number: W16000031574

*Please Change to:*  
*Anne Lama-Lewis, L.C.S.W. F/KC.*

We have received your document for LAMA LEWIS THERAPY, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P14000002612.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 316A00008857

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Anne Lama-Lewis, L.C.S.W., INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Change: Anne Lama-Lewis, L.C.S.W.

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:

Anne E. LAMA-Lewis, L.C.S.W.  
Name (Printed or typed) (owner)

1265 Kass Circle  
Address

Spring Hill, FL 34606  
City, State & Zip

914-661-0761  
Daytime Telephone number

fdny354 @ aol.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA  
16 MAY 16 AM 10:37

change: Anne Lama Lewis, L.C.S.W., Inc.

# 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: Anne LAMA-Lewis, L.C.S.W., Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
1265 Kass Circle  
Spring Hill, FL.  
34606

Mailing address, if different is:

10240 Calico Warbler Ave.  
Weeki Wachee, FL 34613

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Counselling, Social Services

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anne Lama Lewis, Owner L.C.S.W. Name and Title:

Address: 10240 Calico Warbler Ave. Address:

Weeki Wachee, FL 34613

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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16 MAY 16 AM 10:37

Anne Lema-Lewis, L.C.S.W. INC.  
Name and Title: LAMA-Lewis, L.C.S.W. INC.  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Change TO: Anne Lema-Lewis, L.C.S.W. INC.

**ARTICLE VI REGISTERED AGENT**

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

Name:

Anne E. Lema-Lewis, L.C.S.W. (owner)

Address:

10240 Calico Warbler Ave.  
Weeki Wachee, FL.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Anne E. Lema-Lewis, L.C.S.W. (owner)

Address:

10240 Calico Warbler Ave.  
Weeki Wachee, FL. 34613

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**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

Anne E. Lema-Lewis, L.C.S.W.  
Required Signature/Registered Agent

4/18/2016  
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.

Anne Lema-Lewis, L.C.S.W.  
Required Signature/Incorporator

4/18/2016  
Date