

P/6000044882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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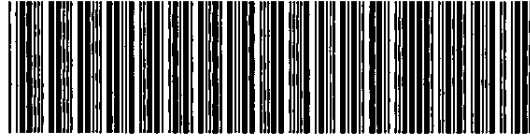
(Business Entity Name)

(Document Number)

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COVER LETTER

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

Private Psychiatry Of South West Florida, Inc.

SUBJECT: _____

(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: Kevin Case

Name (Printed or typed)

284 ALBATROSS RD.

Address

ROTONDA WEST, FLORIDA, 33947

City, State & Zip

(941)-447-6706

Daytime Telephone number

privatepsychiatryinc@yahoo.com

E-mail address: (to be used for future annual report notification)

16 MAY 16 AM 8:55

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TALLAHASSEE, FLORIDA

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

PRIVATE PSYCHIATRY OF SOUTH WEST FLORIDA, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5454 LENA ROAD, SUITE 106

BRADENTON, FLORIDA, 34211

ARTICLE III PURPOSE

TO PROVIDE PSYCHIATRIC AND MENTAL HEALTH SERVICES

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

TEN MILLION (10,000,000)

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT: KEVIN CASE

Name and Title: _____

Address 5454 LENA ROAD, SUITE 106

Address: _____

BRADENTON, FLORIDA, 34211

Name and Title: DIRECTOR: KEVIN CASE

Name and Title: _____

Address 5454 LENA ROAD, SUITE 106

Address: _____

BRADENTON, FLORIDA, 34211

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
16 MAY 16 AM 8:55

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: KEVIN CASE

Address: 5454 LENA ROAD, SUITE 106

BRADENTON, FLORIDA, 34211

ARTICLE VII INCORPORATOR

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

Name: KEVIN CASE

Address: 5454 LENA ROAD, SUITE 106

BRADENTON, FLORIDA, 34211

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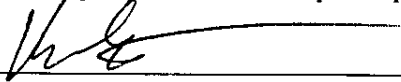
ARTICLE VIII EFFECTIVE DATE: 08/01/2016

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

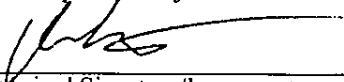


Required Signature/Registered Agent

05/11/2016

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.



Required Signature/Incorporator

05/11/2016

Date