

PI 6000065357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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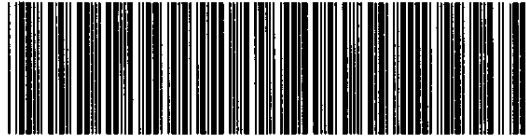
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2016

DIANE ORNELAS  
2100 PONCE DE LEON BLVD, SUITE  
CORAL GABLES, FL 33134

SUBJECT: METTA PSYCHOLOGICAL SERVICES, INC.  
Ref. Number: W16000043230

We have received your document for METTA PSYCHOLOGICAL SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

You must list at least one incorporator with a complete business street address.

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: 416A00012561

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JUN 15 3 53 PM '16

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

16

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

Metta Psychological Services, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2100 PONCE DE LEON BLVD, SUITE 1015  
CORAL GABLES, FL 33134

Mailing address, if different is:

2100 PONCE DE LEON BLVD, SUITE 1015  
CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

Professional Corporation

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

2

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Diane Ornelas, Owner

Name and Title: \_\_\_\_\_

Address 2100 PONCE DE LEON BLVD, SUITE 1015  
CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: Diane Ornelas

Address: 2100 PONCE DE LEON BLVD, SUITE 1015  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

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

Name: Diane Ornelas

Address: 2100 PONCE DE LEON BLVD, SUITE 1015  
CORAL GABLES, FL 33134

**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

June 6, 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

7/28/16  
Date