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## **COVER LETTER**

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

SUBJECT:	MARTIN E.	FALS, M.D., P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the art	icles 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			
	11 # 18 C. L.	c care do		
FROM:	Name	MARTIN E. FALB, M.D.  Name (Printed or typed)		
	1640 METROPOLI	TAN CIRCLE ST Address	E. # /	
	TALLAHASSEE City,	FL 32308		
		7100 (850) 2	556-2192 (cell	
	datalbs@con			

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

## MARTIN E. FALB, PH.D.

Forensic & Geriatric Psychology
1640 Metropolitan Circle, Ste. #1-Tallahassee, FL 32308
Office: (850) 385-0100 · Fax: (850) 514-4506

August 1, 2016

ATTN: Dept. of State

**New Filing Section** 

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Please consider this my statement certifying that, **Martin E. Falb, Ph.D.,** has no intention of revoking the dissolution of this organization; and that I, **Martin E. Falb, Ph.D.,** release the name for this corporation such that it may now be used by another entity.

Respectfully submitted and certified by,

Martin E. Falb, Ph.D. Licensed Psychologist

FL Lic. #PY5471

## ARTICLES OF INCORPORATION

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

	PAL OFFICE Principal street address		Mailing address, if different is:
440 METROPIL	ITAN CIRCLE, STE.	#/	
TALLA HASSEE	TAN CIRCLE, STE.		
	<u>SE</u> e corporation is organized is: _	TO PROVIDE	Psychological
SERVICES.		<u>.</u>	
			ALC:
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			2: 45 FLORIDA
number of shares of s	tock is:	<u>CTORS</u>	<u> </u>
number of shares of s	tock is:	CTORS  Name and Title	2: 45 STATE 1.0RIOP
number of shares of s	LOFFICERS AND/OR DIRECT MANTIN E. FALL PA LICENSED PSYCHU	Name and Title  Name and Title  Name and Title  Address:	2: 45 STATE 1.0RIOP
number of shares of s  TICLE V INITIAL  Name and Title:	LOFFICERS AND/OR DIRECT MANTIN E. FALL PA LICENSED PSYCHU	Name and Title  Name and Title  Name and Title  Address:	2: 45 STATE 1.0RIOP
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number of shares	LOFFICERS AND/OR DIRECT MARTIN E. FALS PA LICENSED PSYCHU  1640 METRO POLITA  TAUAHASSEE, FL	Name and Title  Name and Title  Address:  AM CIRCL, STP. 41  32308	2: 45 STATE 1.0RIOP
number of shares of s  TICLE V INITIAL  Name and Title:  Address  Name and Title:	LOFFICERS AND/OR DIRECT MARTIN E. FALL RALLED PSYCHU  1640 METRO POLITA  TALLA HASSEE, FL	Name and Title  Name and Title  Address:  AN CIRCL, STP. 41  32308  Name and Title	2: 45 STATE 1.08100
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number of shares of s  TICLE V INITIAL  Name and Title:  Address  Name and Title:	LOFFICERS AND/OR DIRECT MARTIN E. FALL RALLED PSYCHU  1640 METRO POLITA  TALLA HASSEE, FL	Name and Title  Name and Title  Address:  AN CIRCL, STP. 41  32308  Name and Title	2: 45 STATE LORIDA
number of shares of s  TICLE V INITIAL  Name and Title:  Address  Name and Title:  Address	LOFFICERS AND/OR DIRECT MARTIN E. FALS PA LICENSED PSYCHU  1640 METROPOLITA  TAULA HASSEE, FL	Name and Title  Address:  AM CIRCL, STP. 4/  32308  Name and Title  Address:	2: 45 2: 45
Name and Title: Address  Name and Title: Address	LOFFICERS AND/OR DIRECT MARTIN E. FALS PA LICENSED PSYCHU  1640 METROPOLITA  TAULA HASSEE, FL	Name and Title Address:  AM CIRCL, STP. 4/  32308  Name and Title Address:  Name and Title	2: 45 STATE LORIDA

Name and Titl	e:	Name and Title:	
Address		Address:	
	ISTERED AGENT  a street address (P.O. Box NOT acceptable	) of the registered agent is:	
Address:	MARTIN E. FALB, Ph.D. 1640 HETROPOLITHN CIRCU TAUAHASSEE, FL 32308	STE 41	<b>26.15</b>
	TALLAHASSEE, FL 32308		AUG
ARTICLE VII INC		÷	AUG -2 PH 2: 45
The <u>name and addres</u>	s of the Incorporator is:		2 PH 2: 45
Name:	MARTIN E. FALB, Ph.D.		<b>影</b> 5
Address:	1840 METROPOLITAN CIE	CLE, STE. 41	,
	MARTIN E. FALB, Ph.D.  1840 METROPOLITAN CIE  TALLAHASSEE, FL 3230	<u>98</u>	
ARTICLE VIII EFI	FECTIVE DATE: than the date of filing:	(ODTIONAL)	
	s listed, the date must be specific and car		
	rted in this block does not meet the applicative date on the Department of State's record		, this date will not be listed as
	s registered agent to accept service of proc miliar with and accept the appointment as		
····· , ···· , ·· , · , ·· , ·· , ·· , ·· , ·· , ·· , ·· , ·· , · , ·· , · ,	nuarta E. Pail, Ph.D.		8/1/2016
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein or rtment of State constitutes a third degree fe		
иоситет <i>10 те Дери</i>	Marter E. Fall, MD.	eory no province for an activity.	8/1/2016
Required S	Signature/Incorporator		Date