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(Requestor's Name)

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(City/State/Zip/Phone #)

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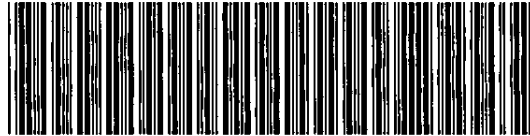
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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11/23/16

COVER LETTER

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

SUBJECT: Patricia E. Morrison Counseling, Inc.
(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: Patricia E. Morrison
Name (Printed or typed)
621 East Woolbright Rd #B-107
Address
Boynton Beach, FL 33435
City, State & Zip
(561) 685-7077
Daytime Telephone number
morrison patricia @ bellsouth.net
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: Patricia E. Morrison Counseling, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

621 East Woolbright Rd. #B-107
Boynton Beach, FL 33435

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform all legal
businesses in which corporations are
permitted to engage.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia E. Morrison - President Name and Title: _____

Address 621 East Woolbright Rd Address: _____
B-107
Boynton Beach, FL 33435

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Patricia E. Morrison, LCSW

Address:

621 East Woolbright Rd #B-107
Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

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

Name:

Patricia E. Morrison, LCSW

Address:

621 East Woolbright Rd #B-107
Boynton Beach, FL 33435

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 days prior or 90 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

 LCSW

Required Signature/Registered Agent

11/16/2016

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.

 LCSW

Required Signature/Incorporator

11/16/2016

Date

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