

P/7000057088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

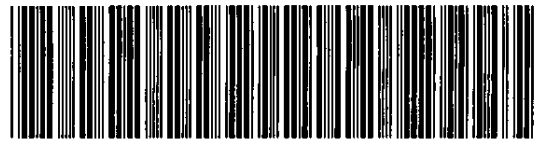
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

07/05/17

COVER LETTER

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

SUBJECT: Wellness and Relationship Counseling, P.A.

(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
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: Jennifer E. Zakin, Esq.

Name (Printed or typed)

c/o Redgrave & Rosenthal, LLP

Address

120 E. Palmetto Park Road, Ste. 400, Boca Raton, FL 33432

City, State & Zip

(561) 347-1700

Daytime Telephone number

jzakin@redgraveandrosenthal.com

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: Wellness and Relationship Counseling, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7301 W. Palmetto Park Road, Ste. 208B
Boca Raton, FL 33433

Mailing address, if different is:
7495 W. Atlantic Ave., Ste. 200 #321
Delray Beach, FL 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Clinical social work and to engage in any lawful act or activity

ARTICLE IV SHARES

The number of shares of stock is: One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maureen S. DeLorenzo, President

Name and Title: _____

Address 7495 W. Atlantic Ave., Ste. 200 #321
Delray Beach, FL 33446

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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17 JUL -3 AM 11:04
HALL COUNTY CLERK
FLORIDA

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: Maureen S. DeLorenzo
Address: 7495 W. Atlantic Ave., Ste. 200 #321
Delray Beach, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maureen S. DeLorenzo
Address: 7495 W. Atlantic Ave., Ste. 200 #321
Delray Beach, FL 33446

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TALLAHASSEE FLORIDA

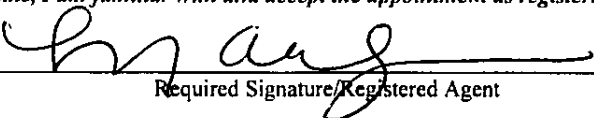
ARTICLE VIII EFFECTIVE DATE:

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.)

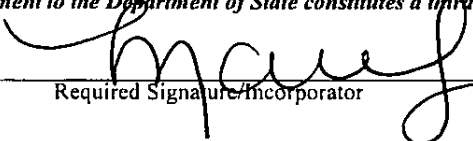
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

6-28-17
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

6-28-17
Date