

P17000066/51

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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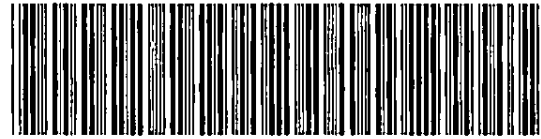
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG - 7 PM 4:01
STATE
FLORIDA

W17-049023

08/07/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2017

LISA PETRICA-MOSER
1790 CAPTIVA DR.
OLDSMAR, FL 34677

SUBJECT: LISA M. PETRICA-MOSER, PSYD, INC., PA
Ref. Number: W17000049023

We have received your document for LISA M. PETRICA-MOSER, PSYD, INC., PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select Only ONE Corporate Suffix; multiple Suffixes are unacceptable.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 517A00011784

COVER LETTER

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

SUBJECT: Lisa M. Petrica-Moser PsyD, Inc., PA

(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: Lisa Petrica-Moser

Name (Printed or typed)

1790 Captiva Drive

Address

Oldsmar, FL 34677

City, State & Zip

727-480-5626

Daytime Telephone number

petck6@hotmail.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: Lisa M. Petrica-Moser, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1790 Captiva Drive

Oldsmar, FL 34677

Mailing address, if different from

% Pete Kratzberg, CPA

P.O. Box 1061

Palm Harbor, FL 34682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General psychology.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Petrica-Moser, President

Address: 1730 Captiva Drive

Oldsmar, FL 34677

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Lisa Petrica-Moser

Address: 1790 Captiva Drive

Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

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

Name: Lisa Petrica-Moser

Address: 1790 Captiva Drive

Oldsmar, FL 34677

17 AUG -7 PM 4:01
CLERK OF THE STATE
OFFICE OF THE CLERK
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:

✓ Lisa M Moser
Required Signature/Registered Agent

01/17/2017
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.

✓ Lisa M Moser
Required Signature/Incorporator

01/17/2017
Date