

P18 000 084 984

(Requestor's Name)

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☐ PICK-UP

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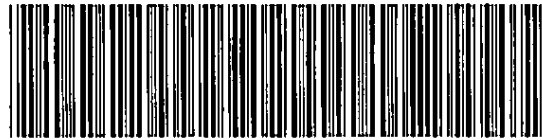
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/18--01041--020 **78.75

10/16/18--01011--001 **35.00

FILED
18 OCT 17 PM 9:46
SECRET
TALLAHASSEE, FL

D O'KFEFF

OCT 18 2018

W1879956



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2018

ANGELA L EXUM
8336 NW 80TH STREET
TAMARAC, FL 33321 US

SUBJECT: EXUM LIFE COUNSELING AND MEDIATION SERVICES, INC.
Ref. Number: W18000079956

We have received your document for EXUM LIFE COUNSELING AND MEDIATION SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000159154.

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.

Taylor B Collins
Regulatory Specialist II

Letter Number: 018A00018439

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18 OCT 17 PM 3:45
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Exum Life Counseling and Mediation Services, 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
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: Angela L. Exum
Name (Printed or typed)

8336 NW 80th Street
Address

Tamarac, Florida 33321
City, State & Zip

954-701-0940
Daytime Telephone number

ferary48@yahoo.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: Exum Life Counseling, Mediation, & Training Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

8336 NW 80th Street
Tamarac, FL 33321

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Collaborate with Clients to meet their Unique
Needs and to determine areas of Strength. To
promote healing within individuals, relationships,
and families and to address emotional and behavioral
needs. To provide a safe, non-Judgmental, and
Confidential environment that treats everyone with
respect and dignity.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Angela L. Exum CEO

Address: 8336 NW 80th St
Tamarac, FL 33321

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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18 OCT 17 PM 3:55
TALLAHASSEE, FL

ARTICLE VI REGISTERED AGENT

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

Name: Angela L. Exum, PhD, LMHC, NBCT

Address: 8336 NW 80th St
Tamarac, FL 33321

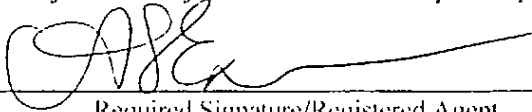
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela L. Exum, PhD, LMHC, NBCT

Address: 8336 NW 80th St
Tamarac, FL 33321

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

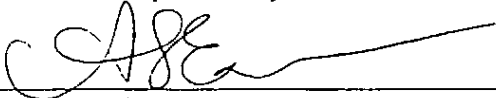


Required Signature/Registered Agent

10-1-18

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

10-1-18

Date

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18 OCT 17 PM 5:44
SECURITY
TALLAHASSEE, FL