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Florida Department of
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : DELANEY CORPORATE SERVICES
Account Number : I20140000112
Phone : (800) 717-2810
Fax Number : (518) 465-7883

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kathleen@delaneycorporate.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
NEW HORIZON COUNSELING LCSW P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2019 JUL 19 PM 1:41

JUL 22 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NEW HORIZON COUNSELING LCSW P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9441 BENVENUTO COURT APT 203NAPLES, FL 34119**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: The practice of the profession of licensed clinical social work and any lawful activity in connection therewith.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Daisy Torres, Sole Officer and Director

Name and Title: _____

Address 9441 BENVENUTO COURT APT 203

Address: _____

NAPLES, FL 34119

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 TALLAHASSEE, 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: Daisy Torres
Address: 9441 BENVENUTO COURT APT 203
NAPLES, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daisy Torres
Address: 9441 BENVENUTO COURT APT 203
NAPLES, FL 34119

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

7/18/2019
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

7/18/2019
Date