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(City/State/Zip/Phone #)

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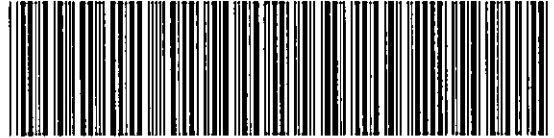
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Feb 26, 2020 08:00 AM
Secretary of State

COVER LETTER

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

SUBJECT: _____

Hope Counseling of SWFL, 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: _____

Dr. Deborah G. Heim Psy.D.
Name (Printed or typed)

27499 Riverview Center Blvd.
Address

Bonita Springs, FL 34134
City, State & Zip

130-664-3211
Daytime Telephone number

drdeb2498@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the article:

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: Hope Counseling of SuFL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
27499 Riverview Center Blvd.
Bonita Springs, FL 34134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide outpatient counseling

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2020 FEB 26 PM 2:33
SECRETARY OF STATE
TALLAHASSEE

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Feb 26, 2020 08:00 AM

Secretary of State

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Deborah Helm, Psy.D. Name and Title: _____

Address: Licensed Clinical Psychologist Address: _____

27499 Riverview Center Blvd.
Bonita Springs, FL 34134

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: Dr. Deborah G. Heim Psy.D. - Licensed Clinical Psychologist
Address: 27499 Riverview Center Blvd
Bonita Springs, FL 34134

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Deborah Heim Psy.D.
Address: 27499 Riverview Center Blvd
Bonita Springs, FL 34134

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Feb 26, 2020 08:00 AM
Secretary of State

ARTICLE VII INCORPORATOR

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

Name: Dr. Deborah G. Heim Psy.D.
Address: 27499 Riverview Center Blvd
Bonita Springs, FL 34134

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

[Signature]
Required Signature/Registered Agent

2/21/2020
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.

[Signature]
Required Signature/Incorporator

2/21/2020
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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