

P200000034614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

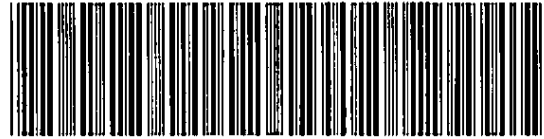
(Document Number)

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2020 MAY -6 PM 2:15
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AND
HEARING
COMMISSION

COVER LETTER

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

SUBJECT: Therapeutic Connections 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: HENRY W KRONNER
Name (Printed or typed)

2715 N OCEAN BLVD APT 161
Address

FORT LAUDERDALE FL 33308
City, State & Zip

773-456-1957
Daytime Telephone number

HWKRONNER@MAC.COM
E-mail address: (to be used for future annual report notification)

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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: THERAPEUTIC CONNECTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2715 N. OCEAN BLVD
APT 16D

FORT LAUDERDALE, FL 33308

PSYCHO

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THERAPY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HENRY KRONNER, PRESIDENT

Address: 2715 N. OCEAN BLVD
APT 16D

FORT LAUDERDALE, FL 33308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
NORTH DARIEN COUNTY, 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: HENRY KRONNER

Address: 2715 N. OCEAN BLVD APT 16D
FORT LAUDERDALE, FL. 33308

ARTICLE VII INCORPORATOR

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

Name: HENRY KRONNER

Address: 2715 N. OCEAN BLVD APT 16D
FORT LAUDERDALE, FL. 33308

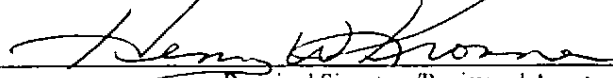
ARTICLE VIII EFFECTIVE DATE:

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

3/2/2020
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.


Required-Signature/Incorporator

3/2/2020
Date