

P20000054735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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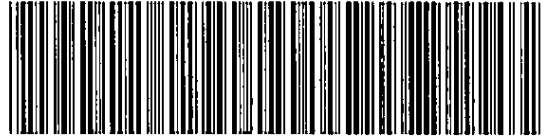
(Business Entity Name)

(Document Number)

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2020 MAR 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SHAUN DOOLEY THERAPEUTIC 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: SHAUN DOOLEY
Name (Printed or typed)

6400 W BOYNTON BEACH BLVD 741781
Address

BOYNTON BEACH, FL 33474
City, State & Zip

Daytime Telephone number

GML1202@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

7/21
money sent for
new scan
sheet

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: SHAUN DOOLEY THERAPEUTIC SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6400 W BOYNTON BEACH BLVD 741781
BOYNTON BEACH, FL 33474

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT, GROUP THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAUN DOOLEY

Name and Title: _____

Address

6400 W BOYNTON BEACH BLVD
741781 BOYNTON BEACH, FL 33474

Address: _____

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: SHAUN DOOLEY
Address: 6400 BOYNTON BEACH BLVD 741781
BOYNTON BEACH, FL 33474

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHAUN DOOLEY
Address: 6400 BOYNTON BEACH BLVD 741781
BOYNTON BEACH, FL 33474

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

✓ 7/10/2020
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

✓ 7/10/2020
Date