

Division of Corporations  
Electronic Filing Cover Sheet

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Certificate of Status	0
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**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: BARBARA EATON, LCSW PA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

389 GRANT AVENUE389 GRANT AVENUESATELLITE BEACH, FL 32937SATELLITE BEACH, FL 32937**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THERAPY AND ADMINISTRATIVE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BARBARA MORRIS EATON, President

Name and Title: \_\_\_\_\_

Address

389 GRANT AVENUE

Address: \_\_\_\_\_

SATELLITE BEACH, FL 32937

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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: BARBARA MORRIS EATON  
Address: 389 GRANT AVENUE  
SATELLITE BEACH, FL 32937

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA MORRIS EATON  
Address: 389 GRANT AVENUE  
SATELLITE BEACH, FL 32937

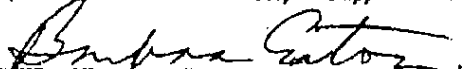
**ARTICLE VIII EFFECTIVE DATE:**

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.)

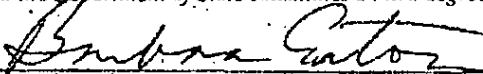
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/18/22  
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

10/18/22  
Date