

P23000006706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

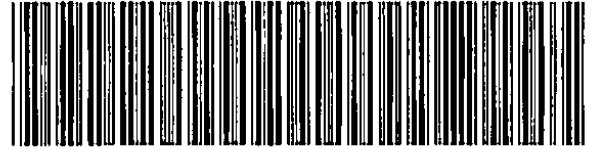
(Business Entity Name)

(Document Number)

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W22-1568



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2022

BETHANIE WOOTEN
27915 ARROWHEAD CIRCLE
PUNTA GORDA, FL 33982

SUBJECT: BETHANIE WOOTEN, MS, LCSW, P.A.
Ref. Number: W22000156875

*fee paid check
cashier
Bu*

We have received your document for BETHANIE WOOTEN, MS, LCSW, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

~~Please return~~ your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 322A00028556

COVER LETTER

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

SUBJECT: Bethanie Wooten, MS, LCSW, P.A.
(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Bethanie Wooten
Name (Printed or typed)

27915 Arrowhead Circle
Address

Punta Gorda, FL 33982
City, State & Zip

469-475-1650
Daytime Telephone number

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

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: Bethanie Wooten, MS, LCSW, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
27915 Arrowhead Circle
Punta Gorda, FL 33982

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provision of psychological services that
includes psychotherapy, consultation,
assessment, supervisions, and provi
of clinical services.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bethanie Wooten, D Name and Title: _____

Address

27915 Arrowhead Circle
Punta Gorda, FL 33982

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2023 JAN -9 PM 1:26
JAN 11 AM 1:26 PM
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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: Bethanie Wooten
Address: 27915 Arrowhead Circle
Punta Gorda, FL 33982

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE VII INCORPORATOR

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

Name: Bethanie Wooten
Address: 27915 Arrowhead Circle
Punta Gorda, FL 33982

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-4-23 (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

Bethanie Wooten, MS, LCSW, PA
Required Signature/Registered Agent

1-4-23
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.

Bethanie Wooten, MS, LCSW, P.A.
Required Signature/Incorporator

1-4-23
Date