

P23000056820

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PARAINI THERAPY P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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FLORIDA
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COVER LETTER

H23000269009

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

SUBJECT: PARANI Therapy 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: Matthew Greenfield

Name (Printed or typed)

7293 NW 2nd Avenue

Address

Miami, Florida 33150

City, State & Zip

786-321-3811

Daytime Telephone number

matt@caldera.law

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

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

H23000269009

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H23000269009

ARTICLE I NAMEThe name of the corporation shall be: PARANI Therapy P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address1700 North University DrivePlantation, FL 33322

Mailing address, if different is:

1700 North University DrivePlantation, FL 33322**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any and all lawful conduct associated with
the practice of a licensed clinical social worker.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sarah Parker, President and Director

Name and Title: _____

Address 1700 North University Drive

Address: _____

Plantation, FL 33322

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000269009

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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

Name: Caldera Law PLLC

Address: 7293 NW Second Avenue

Miami, FL 33150

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Caldera Law PLLC

Address: 7293 NW Second Avenue

Miami, FL 33150

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

<u>Matthew Greenfield</u>	<u>8/1/2023</u>
Required Signature/Registered Agent	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.

<u>Matthew Greenfield</u>	<u>8/1/2023</u>
Required Signature/Incorporator	Date

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