

307 SW 13 AVE. BOYNTON BEACH, FL 33435

January , 1995

5000001375329 -01/10/95--01109--005 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Secretary of State Capitol Building Tallahassee, Florida 32304

Attention: Corporation Division

RE: ERNEST D. COOLEY LCSW P.A.

Dear Sir:

Please accept for filing, the Articles of Incorporation and the Resident Agent form which designates the Resident Agent for the above-captioned corporation. Enclosed is our check in the amount of \$70.00 to cover the following fees:

Filing Original Articles of Incorporation \$ 35.00 Resident Agent Fee Total \$ 70.00

Cordially,

ERNEST D. COOLEY

95 JAN -9 AH 8.05 SECRETARY OF STATE ALLAHASSEE FLORIDA

# CERTIFICATE OF INCORPORATION

ERNEST D. COOLEY LCSW P.A.

The undersigned, for the purpose of forming a corporatio under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

#### ARTICLE I. NAME

The name of this corporation is ERNEST D. COOLEY LCSW P.A..

#### ARTICLE II. DURATION

The term of existence of the corporation is perpetual.

# ARTICLE III. PURPOSE

The specific nature of the business of the corporation is Psycho Therapist.

#### ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 1,000,000, all of which shall be common shares with par value of \$0.01.

## ARTICLE V. REGISTERED OFFICE

The street address of the principal place of business is 307 SW 13th Avenue, Boynton Beach, Fl 33435, and the mailing address of the business and of the registered agent of the corporation is 307 SW 13th Ave., Boynton Beach, Fl 33435, and the name of the initial registered agent is ERNEST D. COOLEY .

## ARTICLE VI. DIRECTORS

The Board of Directors of the corporation shall consist of one member, but may be increased by a resolution of the Board of Directors adopted in the manner provided in the Bylaws of the corporation, provided that in no event shall the Board of Directors consist of less than one member.

C

The name and address of the Director which constitutes the first Board of Directors of the Corporation is:

NAME

**ADDRESS** 

ERNEST D. COOLEY

307 SW 13TH AVE. BOYNTON BEACH, FL 33435

# ARTICLE VII. INCORPORATORS

The name and address of the incorporator of the corporation is:

NAME ERNEST A. COOLEY ADDRESS 307 SW 13TH AVE. BOYNTON BEACH, FL 33435

IN WITNESS WHEREOF, the undersigned have subscribed their

ERNEST D. COOLEY

STATE OF FLORIDA

:88

COUNTY OF BROWARD

on this 3nd day of annuary 1995, before me, the undersigned officer, personally appeared ERNEST D. COOLEY known to me to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY PUBLIC, STATE OF

FLORIDA AT LARGE

NOTARY PUBLIC, STATE OF FLORIDA. MY COMMISSION EXPIRES: Oct. 7, 1995, BONDED THRU NOTARY PUBLIC UNDLAWRITERS.

CC 150194

95 JAN -9 AN 8 05
TALLAHASSEE, FILESIOA

#### STATE OF FLORIDA

#### SECRETARY OF STATE

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Bo Served and Names and Addresses of the Officers and Directors.

#### ERNEST D. COOLEY LCSW P.A.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

ERNEST D. COOLEY LCSW P.A., a corporation organized under the laws of the state of Florida, with its principal office at 307 SW 13TH AVE., BOYNTON BEACH, FL 33435 has named ERNEST D. COOLEY located at 307 SW 13TH AVE., BOYNTON BEACH, FL 33435, County of PALM BEACH, as its agent to accept service of process within this state.

**OFFICERS** 

TITLES

SPECIFIC ADDRESSES

ERNEST D. COOLEY

President/Dir Sect/Treas 307 SW 13TH AVE. BOYNTON BEACH, FL 33435

#### **ACCEPTANCE**

I agree as Resident Agent to accept Service of Process: to keep this office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicious place in the office as required by Law.

DATED: January 3, 1995

ERNEST B. COOLEY

Resident Agent

# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR



# FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State REINSTATEMENT FILED DIVISION OF COMPONATIONS DOCUMENT # P95000002947 96 OCT 18 PN 5:43 L. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ERNEST D. COOLEY LCSW P.A. Perucipal Place of Business Mailing Address 307 SW 13TH AVENUE 307 SW 13TH AVENUE **DOYNTON BEACH FL 33435** DOYNTON BEACH FL 33435 If above addressor are incurred in any way, lose through incorrect information and eater correction bolow 2. Now Principal Office Address: If Applicable 1 Now Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/09/1995 Suite Ant # otc Sude, Apl. 4, etc. 5 FEL Number Applied For City & State City & State 65-0543216 Not Applicable 740 Country Zw Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED [ for a Certificate of Statue 7 Names and Short Addresses of Each Officer and/or Director. (Florida comprehi corporations must list at least 3 directors) Name of Officers Street Address of Ench Officer and/or Director (Do NOT Use Post Office Box Numbers) Littora and/or Directors City / State / Zip PSTD COOLEY, ERNEST D 307 SW 13TH AVENUE **BOYNTON BEACH FL 33435** 900001985939---10/25/96--01047--008 \*\*\*\*375-00-\*\*\*\*375-00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Namo COOLEY, ERNEST D Street Address (P.O. Box Number is Not Acceptable) 307 SW 13TH AVENUE **BOYNTON BEACH FL 33435** Suite, Apt. #, Etc. State | Zip Code FL 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIDUIT O OFFICEN OR DIRECTOR

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath

SIGNATURE:

Daytime Phone #