

PA600037211

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

500001480205  
-05/09/95--01032--011  
\*\*\*\*\*70.75 \*\*\*\*\*70.75

SUBJECT: Psychological Consultant Services, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: A. Laurie Maddox

Name (printed or typed)

5124 Conroy Rd., Suite #632

Address

Orlando, Fl. 32811

City, State & Zip

407-841-9394

Daytime Telephone number

FILED  
95 MAY -8 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Psychological Consultant Services, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**5124 Conroy Rd., Suite #632  
Orlando, Fl. 32811**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**Five Thousand (5,000)**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**A. Laurie Maddox  
5124 Conroy Rd., Suite #632  
Orlando, Fl. 32811**

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**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

A. Laurie Maddox  
5124 Conroy Rd., Suite #632  
Orlando, Fl. 32811

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of May, 19 95.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Psychological Consultant Services, Inc.
2. The name and address of the registered agent and office is:

A. Laurie Maddox

(NAME)

5124 Conroy Rd., Suite #632

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, Fl. 32811

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*A. Laurie Maddox*  
(SIGNATURE)

5/2/95  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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