

# P96000023361

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Insight Psychological  
Services Inc

C.C. FEE.

DISBURSED

<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input type="checkbox"/> Art. of Inc. File	_____	_____
<input type="checkbox"/> Corp. Record Search	_____	_____
<input type="checkbox"/> Ltd. Partnership File	_____	_____
<input type="checkbox"/> Foreign Corp. File	_____	_____
<input type="checkbox"/> ( ) Cert. Copy(s)	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S -	_____	_____
<input type="checkbox"/> Fictitious Name File	_____	_____
<input type="checkbox"/> Name Reservation	_____	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____	_____
<input type="checkbox"/> Reg. Agent Service	_____	_____
<input type="checkbox"/> Document Filing	_____	_____
<input type="checkbox"/> Corporate Kit	_____	_____
<input type="checkbox"/> Vehicle Search	_____	_____
<input type="checkbox"/> Driving Record	_____	_____
<input type="checkbox"/> Document Retrieval	_____	_____
<input type="checkbox"/> UCC 1 or 3 File	_____	_____
<input type="checkbox"/> UCC 11 Search	_____	_____
<input type="checkbox"/> UCC 11 Retrieval	_____	_____
<input type="checkbox"/> File No.'s, _____ Copies	_____	_____
<input type="checkbox"/> Courier Service	_____	_____
<input type="checkbox"/> Shipping/Handling	_____	_____
<input type="checkbox"/> Phone ( ) _____	_____	_____
<input type="checkbox"/> Top Priority	_____	_____
<input type="checkbox"/> Express Mail Prop.	_____	_____
<input type="checkbox"/> FAX ( ) _____ pgs.	_____	_____

### SUBTOTALS

FEE.....	\$	_____
DISBURSED.....	\$	_____
SURCHARGE.....	\$	_____
TAX on corporate supplies.....	\$	_____
SUBTOTAL.....	\$	_____
PREPAID.....	\$	_____
BALANCE DUE.....	\$	_____

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_

DATE 3/15 \_\_\_\_\_

TIME 9:30 \_\_\_\_\_ CK No. \_\_\_\_\_

BY 77 \_\_\_\_\_

WALK-IN  
 Will Pick Up \_\_\_\_\_

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

FILED  
MAR 15 AM 11:00  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**INSIGHT PSYCHOLOGICAL SERVICES, INC.**

**ARTICLE I**

**NAME**

The name of this corporation is  
**INSIGHT PSYCHOLOGICAL SERVICES, INC.**

**ARTICLE II**

**PURPOSE**

This corporation is organized for the following purposes:

1. To provide psychological services.
2. To engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE III**

**CAPITAL STOCK**

This corporation is authorized to issue 1000 shares of common stock.

The common stock of the corporation shall have the following characteristics:

- (a) Par value shall be \$1.00 per share.
- (b) At all meetings of the stockholders, the common stockholders shall be entitled to cast one (1) vote for each share of common stock owned. That a common stockholder is interested in a matter to be voted upon shall not disqualify her from voting thereon.
- (c) Except as otherwise provided by law, the entire voting power for the election of

directors and for all other purposes shall be vested exclusively in the holders of the outstanding common stock.

#### **ARTICLE IV**

##### **TERM OF EXISTENCE**

This corporation shall have perpetual existence commencing on the date of receipt of these Articles of Incorporation by the Secretary of State of Florida.

#### **ARTICLE V**

##### **INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial principal office of this corporation is 4940 N.W. 88th Lane, Coral Springs, Florida 33067. The initial registered agent of this corporation is **LINDA M. FISHMAN** with her address at 4940 N.W. 88th Lane, Coral Springs, Florida 33067. The Board of Directors may, from time to time, change the street and post office address of the corporation as well as the location of its principal office.

#### **ARTICLE VI**

##### **INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) Director(s), initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this corporation is:

<b>LINDA M. FISHMAN</b>	<b>4940 N.W. 88th Lane</b>
	<b>Coral Springs, Florida 33067</b>

**ARTICLE VII  
AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, in the manner provided by law.

**ARTICLE VIII  
INCORPORATOR**

The name and address of the person signing these Articles is:

LINDA M. FISHMAN  
4940 N.W. 88th Lane  
Coral Springs, Florida 33067


IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this \_\_\_\_\_ day of March, 1996.

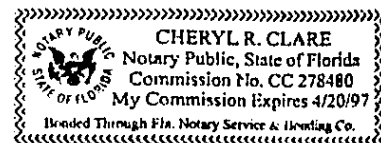
  
LINDA M. FISHMAN

STATE OF FLORIDA           )  
  )ss.  
COUNTY OF PALM BEACH )

Sworn to and subscribed before me this 13<sup>th</sup> day of March, 1996, by  
LINDA M. FISHMAN, who is personally known to me (or who has produced  
FL D/L as identification) and who did take an oath.

(SEAL)

  
Print Name: Cheryl R. Clare  
Notary Public, State of Florida



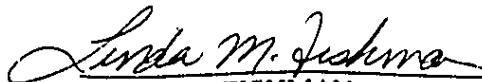
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That **INSIGHT PSYCHOLOGICAL SERVICES, INC.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation in the City of Coral Springs, County of Broward, State of Florida has named **LINDA M. FISHMAN**, located at 4940 N.W. 88th Lane, Coral Springs, Florida 33067, its agent to accept service of process within this State.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above-stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keeping open said office.

  
**LINDA M. FISHMAN**  
(Registered Agent)

FAWS2000\DOCUMENT\CHERYL\FISHMAN ARTICLE CRT

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/15/2011 BY 60322