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Charles Cooper  
(Requestor's Name)  
Perrington law, 215 S. Monroe  
(Address)  
Tallahassee, FL 32301  
(City, State, Zip) (Phone #) 222-3533

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Barry L. Jones, L.C.S.W.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

JAN 10 1963  
95 APR 10 PM 12:13

**ARTICLES OF INCORPORATION  
OF  
BARRY L. JONES, L.C.S.W., P.A.**

The undersigned, being duly licensed to practice as a clinical social worker in the State of Florida, and desiring to form a professional corporation in accordance with Chapter 621, Florida Statutes, hereby adopts the following Articles of Incorporation:

**I. NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of the corporation is BARRY L. JONES, L.C.S.W., P.A. The corporation's initial place of business shall be 1632-A Metropolitan Circle, Tallahassee, Florida 32308.

**II. REGISTERED OFFICE**

The address of the corporation's initial registered office in this state is 1632-A Metropolitan Circle, Tallahassee, Florida 32308. The initial registered agent at the registered office is Barry L. Jones.

**III. PURPOSE**

The purpose for which the corporation is organized shall be to engage in and carry on the practice of clinical social work in the State of Florida, and for all other lawful purposes related thereto.

**IV. DURATION**

The term of existence of the corporation shall be perpetual.

**V. PROFESSIONAL SERVICES**

The professional services of the corporation shall be rendered only through its officers, employees, and agents who are duly licensed or otherwise legally authorized to practice as clinical

social workers within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this corporation, acting through its duly elected officers, and no officer, employee, or agent shall enter into any contract, written or verbal for professional services with any client wherein the right to select the person by which the services shall be rendered is delegated to the client. This provision shall not be applicable to the extent it is in conflict with any applicable provision of Chapter 495, Florida Statutes, or any other applicable law, rule or regulation.

#### VI. INCORPORATORS

The name and address of the incorporator is Barry L. Jones, 1632 Metropolitan Circle, Tallahassee, Florida 32308.

#### VII. DIRECTORS

Directors shall be appointed in the manner provided in the By-Laws of the corporation. The initial Board of Directors of the corporation shall have not less than one (1) nor more than seven (7) members. The names and addresses of the initial Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
Barry L. Jones	138 Cotillion Circle Tallahassee, Florida 32312

#### VIII. OFFICERS

The corporation shall have a president, secretary, treasurer and such other executive officers as may be provided for in the By-Laws. The initial officers shall be:

NAME	TITLE
Barry L. Jones	President, Secretary and Treasurer

#### VIII. SHARE STRUCTURE

8.1 Classen of Shares. The maximum number of shares that the corporation is authorized to have outstanding shall be Ten Thousand (10,000) shares of voting capital common stock, having a par value of ten cents (\$0.10) each.

8.2 Restrictions on Issuance and Transfer. No share of any of the capital common stock of this corporation shall be issued or transferred to any person who is not a duly licensed clinical social worker in the State of Florida within the meaning of Chapter 491, Florida Statutes. Nothing herein shall prevent the corporation and its shareholders from entering into any written agreement(s) further restricting or providing terms for the transfer of the stock of the corporation.

8.3 Preemptive Rights; Cumulative Voting. Holders of the capital stock of the corporation shall not have the preemptive right to purchase any new shares of stock or securities, or any rights to acquire stock or securities of the corporation. Cumulative voting shall not be allowed in the election of directors or for any other purpose.

#### IX. AMENDMENT OF ARTICLES

The corporation may, at any time, and from time to time, amend these Articles of Incorporation in the manner now or hereafter permitted by statute. Any change authorized by the holders of

shares entitling them to exercise a majority of the voting power of the corporation (or such greater number as may then be required by statute), shall be binding and conclusive on every shareholder of the corporation as fully as if each shareholder had voted for the change.

#### X. INDEMNIFICATION

The corporation shall indemnify each of its officers, directors, and employees, whether or not then in office, and his or her heirs and legal representatives against all expenses, judgments, decrees, fines, penalties or other amounts paid in satisfaction of, in settlement of, or in connection with the defense of any pending or threatened civil action, suit, or proceeding, to which he or she is or may be made a party by reason of having been a director, officer, or employee of the corporation, to the extent permitted by applicable law.

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 9th day of April, 1996.

Barry L. Jones  
Incorporator

BEFORE ME, the undersigned officer, duly authorized to take acknowledgements and administer oaths, personally appeared Barry L. JONES, and being first duly sworn and upon his oath, stated that he signed the above Articles of Incorporation for the conditions and purposes therein expressed this 9th day of April, 1996.



MARY CARSON DURRANCE  
MY COMMISSION # CC430047 EXPIRES  
December 29, 1999  
BONDED TRUSTEES TRUST INSURANCE, INC.



MARY CARSON DURRANCE  
MY COMMISSION # CC430047 EXPIRES  
December 29, 1999  
BONDED TRUSTEES TRUST INSURANCE, INC.

Mary Carson Durrance  
NOTARY PUBLIC - STATE OF FLORIDA

Mary Carson Durrance

PRINTED NAME OF NOTARY; COMMISSION  
NUMBER AND EXPIRATION OF COMMISSION

Personally Known to me \_\_\_\_\_  
or produced the following identification: Driver's License

**CERTIFICATE OF DESIGNATION  
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: BARRY L. JONES, L.C.S.W.,  
P.A.

2. The name and address of the registered agent and office is:

Barry L. Jones  
(NAME)

1632 Metropolitan Circle  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308  
(CITY/STATE/ZIP)

SIGNATURE *Barry Jones*  
TITLE Incorporator  
DATE 4-9-96

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.

SIGNATURE *Barry Jones*  
DATE 4-9-96  
REGISTERED AGENT FILING FEE: \$35.00