

P96000071772

AUG 19 13 23

PIRE CORPORATE KIT
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

P 07/10

((H96000012052 2))

TO: DIVISION OapF CORPORATIONS

FAX #: (904)922-4001

50003255PIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 0724er

FAX #: (305)541-3770

NAME: GOLDIE LOWRY, P.A.

AUDIT NUMBER.....H96000012052

DOC TYPE.....H96000012052

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENUm. **

LORIDA DIVISION OF CORPORATIONS
Help F1 Option Menu F2

1:01 PM

NUM

Connect: 00:05:(

RECEIVED

96 AUG 28 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
96 AUG 28 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200
8-28-96

H96000012052

ARTICLES OF INCORPORATION
OF
GOLDIE LOWRY, P.A.

ARTICLE I - NAME

The name of this corporation is GOLDIE LOWRY, P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 8040 NW
172 STREET HIALEAH, FLORIDA 33015.

ARTICLE III - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of
these Articles with the Department of State.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.
Specifically, the practice of psychological and counseling services.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which
shall be designated "Common Shares".

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 8040 NW 172 STREET
HIALEAH, FLORIDA 33015 and the name of the initial registered agent of this corporation
at that address is GOLDIE LOWRY.

Kim Marks, CPA
(305) 895-5815
11900 Biscayne Blvd. # 290
N. Miami, FL 33181

H96000012052

FILED
AUG 28 PM 3:13
DEPARTMENT OF STATE
HALL OF RECORDS

ARTICLE VII - INCORPORATORS

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

NAME _____ ADDRESS _____

GOLDIE LOWRY

8040 NW 172 STREET
HIALEAH FLORIDA 33015

ARTICLE VIII - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this August 28, 1996.

[Signature]
Signature/Title

Signature/Title

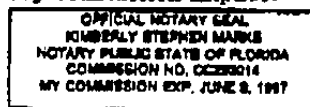
STATE OF FLORIDA
COUNTY OF DADE

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared **GOLDIE LOWRY**, the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this August 28, 1996.

[Signature]
Notary Public, State of Florida at Large

My commission Expires:



H96000012052

H96000012052

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

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT GOLDIE LOWRY, P.A.
(Name of Corporation)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF HIALEAH, STATE OF FLORIDA 33015, HAS NAMED GOLDIE LOWRY, LOCATED AT 8040 NW 172 STREET, STATE OF FLORIDA 33015, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

X SIGNATURE [Signature]
(Corporate Officer)

TITLE president

DATE 8/6/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

X SIGNATURE [Signature]
(Resident Agent)

DATE 8/6/96

FILED
96 AUG 28 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H96000012052

H96