

P97000053601

TRANSMITTAL LETTER

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

SUBJECT: Miriam E. Henry, YMA, LMHC, P.A.
(Proposed corporate name - must include suffix)

800002214548--8
-06/17/97--01047--012
*****78.75 *****78.75

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

FROM: Miriam E. Henry
Name (Printed or typed)
924 North Magnolia, Suite 317
Address
Orlando, Florida 32803
City, State & Zip
(407) 843-1455
Daytime Telephone number

FILED
97 JUN 17 AM 8:29
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Bm 6/18/97

Articles of Incorporation

Article I.

The name of the professional association shall be:

Miriam E. Henry, MA., LMHC., P. A.

Article II.

The purpose of the professional association is to:

Provide professional mental health counseling.

Article III.

The principal place of business and mailing address of the professional association is:

Physical address:

924 North Magnolia, Suite 317
Orlando, Florida 32803

Mailing address:

924 North Magnolia, Suite 317
Orlando, Florida 32803

Article IV.

The professional association shall have the authority to issue 1,000,000 shares of stock at .001 par value.

Article V.

The register agent of the professional association is Miriam E. Henry and the registered street address is, 924 North Magnolia, Suite 317, Orlando, Florida 32803.

Article VI.

The initial Board of Director(s) shall have one (1) member whose name and address is as follows:

President and CEO:

Miriam E. Henry
924 N. Magnolia, Suite 317
Orlando, Florida 32803

The number on the board of directors may be raised or lowered by amendment of the by laws of the professional association, but shall not in no case be less than one.

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TALLAHASSEE, FLORIDA

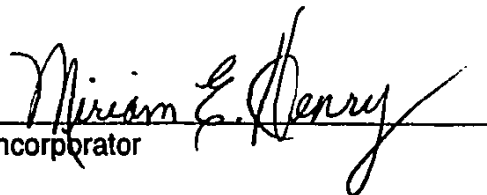
Miriam E. Henry, P. A.

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Article VII.

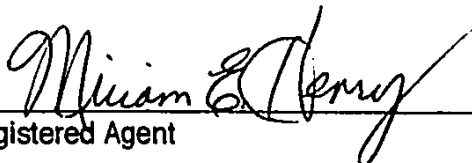
The incorporator of the professional association is Miriam E. Henry, whose street address is, 924 North Magnolia, Suite 317, Orlando, Florida 32803.

Dated: June 2, 1997


Incorporator

Having been named as the 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 are familiar with and accept the obligations of my position as registered agent.

Dated: June 2, 1997


Registered Agent

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