

P98000009290

TRANSMITTAL LETTER

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

SUBJECT: Barbara Magnusson, IMHC, PA  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

400002397544--0  
-01/12/98--01142--002  
\*\*\*\*122.50 \*\*\*\*122.50

FROM: Barbara Magnusson  
Name  
606 Applewood Avenue  
Address  
Altamonte Springs, FL 32714  
City, State, & Zip  
(407) 862-4087  
Telephone Number  
(407) 774-4434

EFFECTIVE DATE  
1-12-98

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA  
98 JAN 29 PM 1:35  
FILED

Note: Additional copy of articles is needed only when certified copy is requested.

CB  
1-29-98

ARTICLES OF INCORPORATION

OF

Barbara Magnusson, LMHC, P.A.

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.

**EFFECTIVE DATE**  
1-12-98

ARTICLE I NAME

The name of the corporation shall be:

Barbara Magnusson, LMHC, P.A.

**FILED**  
98 JAN 29 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

606 Applewood Avenue  
Altamonte Springs, FL 32714

ARTICLE III CAPITAL STOCK

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

Five Hundred (500) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Barbara Magnusson  
606 Applewood Avenue  
Altamonte Springs, FL 32714

ARTICLE V INCORPORATOR(S)

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

Barbara Magnusson,  
606 Applewood Avenue  
Altamonte Springs, FL 32714

ARTICLE VI PURPOSE OF INCORPORATION

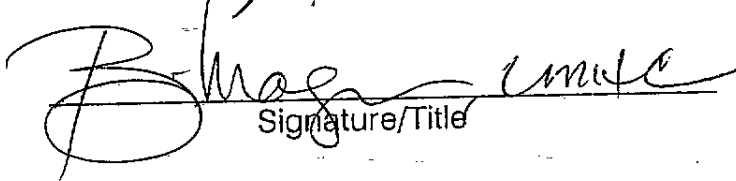
The purpose of incorporating in the state of Florida is to provide Licensed Mental Health Counseling to the public and any other business within the laws and restrictions enacted by the state of Florida.

ARTICLE VII DATE OF COMMENCEMENT

This corporation is to commence doing business January 12, 1998.

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

20<sup>th</sup> day of JANUARY, 19 98.

  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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: \_\_\_\_\_

Barbara Magnusson, LMHC, P.A.

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

Barbara Magnusson

(NAME)

606 Applewood Avenue

(P.O. BOX NOT ACCEPTABLE)

Altamonte Springs, FL 32714

(CITY/STATE/ZIP)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE \_\_\_\_\_

[Signature]  
(corporate officer)

TITLE \_\_\_\_\_

President

DATE \_\_\_\_\_

1 - 2 - 98

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 \_\_\_\_\_

[Signature]

DATE \_\_\_\_\_

1 - 2 - 98