

P98000075603

TRANSMITTAL LETTER

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

000002614490--7
-08/13/98--01015--004
***131.25 ***131.25

SUBJECT: Peter A. Butkins, PhD and Company, P.A.
(Proposed corporate name - must include suffix)

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

ADDITIONAL COPY REQUIRED

FROM: Peter A. Butkins
Name (Printed or typed)
455 Douglas Avenue, Suite 2115-7
Address
Altamonte Springs, FL 32701
City, State & Zip
407-682-7610
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 AUG 31 AM 10:03

FILED

JB
8-31-98
4

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 18, 1998

PETER A. BUTKINS
455 DOUGLAS AVE., STE. 2115-7
ALTAMONTE SPRINGS, FL 32701

SUBJECT: PETER A. BUTKINS, PH.D. AND COMPANY, P.A.
Ref. Number: W98000018773

We have received your document for PETER A. BUTKINS, PH.D. AND COMPANY, P.A. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The specific nature of business of the professional association must be stated in the document.

I called and left my name and telephone number but i never received a return call.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 298A00042630

ARTICLES OF CORPORATION
OF

Peter A. Butkins, Ph.D. and Company, P.A.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the state of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Peter A. Butkins, Ph.D. and Company, P.A.

The nature of the professional association is psychological counseling.

The address of the principal office of this corporation shall be, 455 Douglas Avenue, Ste. 215-7 Altamonte Springs, FL 32714 and the mailing address of the Corporation shall be the same.

ARTICLE II. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 2,500 shares of common stock having \$1.00 par value per share.

ARTICLE III. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be, 455 Douglas Avenue, Ste. 215-7 Altamonte Springs, FL 32714 and the name of the initial registered agent of the corporation at that address is Peter A Butkins.

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Peter A. Butkins
455 Douglas Ave., Ste. 215-7
Altamonte Springs, FL 32714


Peter A. Butkins

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
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 Peter A. Butkins, P.A. and Company, P.A.

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

Peter A. Butkins, President
(NAME)

455 Douglas Avenue, Suite 215-7
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Altamonte Springs, FL 32714
(CITY/STATE/ZIP)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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)

8-8-98
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314