State

ARTS-PC

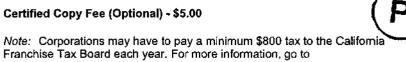
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-FILED-

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Filing Fee - \$100.00

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1. Corporate Name	(Contact the California state board or agend authorized to be a corporation in Californ to www.sos.ca.gov/business/be/name-reserva	nla and if there are any sp	ecific corporate na	me styl	e rules.	is Go
The name of the profes	ssional corporation is					
•	T, Marriage and Family Therapy,	Prof. Corp.				
2. Business Addresses (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)						
a. Initial Street Address of Corporation - Do not enter a P.O. Box 8500 Wilshire Blvd., Suite 740		City (no abbreviations) Beverly Hills		State CA	Zip Code 90211	
b. Initial Mailing Address of Corporation, if different than Item 2a		City (no abbreviations))		Zip Code	
3. Service of Process	(Must provide either Individual OR Corporation	.)				
INDIVIDUAL - Complete Items 3a and 3b only, Must include agent's full name and California street address.						
a. California Agent's First Name (if agent is not a corporation)		Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)	State Zip Code CA		le	
CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.						
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b						
Cogency Global, Inc.						
4. Shares (Enter the number of shares the corporation is authorized to issue. Do πot leave blank or enter zero (0).)						
This corporation is authorized to issue only one class of shares of stock. The total number of shares which this corporation is authorized to issue is						
5. Purpose Statement (Contact the California state board or agency that controls your profession to find out if your profession is authorized to be a corporation in California. Go to						

Print Form

Glear Form

Isabelle Futsi Type or Print Name

Signature