



6598628

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**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**ARTICLES OF INCORPORATION**  
**CA PROFESSIONAL CORPORATION**  
California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: 6598628

Date Filed: 2/27/2025

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Corporation Name                                                                                                                                                                                            | Sara Champie, Licensed Clinical Social Worker, Inc                                                                                                                                                                                                                                                                                                                                                        |
| Initial Street Address of Principal Office of Corporation<br>Principal Address                                                                                                                              | 435 PETALUMA AVENUE<br>SUITE 140<br>SEBASTOPOL, CA 95472                                                                                                                                                                                                                                                                                                                                                  |
| Initial Mailing Address of Corporation<br>Mailing Address                                                                                                                                                   | PO BOX 472<br>SEBASTOPOL, CA 95473                                                                                                                                                                                                                                                                                                                                                                        |
| Attention                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Agent for Service of Process<br>Agent Name                                                                                                                                                                  | Sara N Champie                                                                                                                                                                                                                                                                                                                                                                                            |
| Agent Address                                                                                                                                                                                               | 435 PETALUMA AVENUE<br>SUITE 140<br>SEBASTOPOL, CA 95472                                                                                                                                                                                                                                                                                                                                                  |
| Shares                                                                                                                                                                                                      | The total number of shares the corporation is authorized to issue is: 100,000<br>Does the corporation have more than one class or series of shares? No                                                                                                                                                                                                                                                    |
| Purpose Statement                                                                                                                                                                                           | The purpose of the corporation is to engage in the profession of Licensed Clinical Social Work and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a professional corporation within the meaning of California Corporations Code section 13400 et seq. |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.                                                               |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Electronic Signature                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation and that all information is true and correct. |                                                                                                                                                                                                                                                                                                                                                                                                           |
| <u>Dennis J Byrne</u><br>Incorporator Signature                                                                                                                                                             | <u>02/27/2025</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                 |