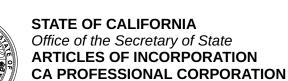


Incorporator Signature





California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448



For Office Use Only

-FILED-

File No.: 6558268 Date Filed: 1/30/2025

Corporation Name	
Corporation Name	Sally Stevens Licensed Clinical Social Worker Professional Corporation
Initial Street Address of Principal Office of Corporation	
Principal Address	16897 ALGONQUIN ST UNIT L HUNTINGTON BEACH, CA 92649
Initial Mailing Address of Corporation	
Mailing Address	16897 ALGONQUIN ST UNIT L HUNTINGTON BEACH, CA 92649
Attention	Sally Stevens
Agent for Service of Process	
Agent Name	Steven D. Cooper
Agent Address	4300 LONG BEACH BLVD SUITE 350 LONG BEACH, CA 90807
Shares The total number of shares the corporation Does the corporation have more than one	
(other than the banking or trust company b	re in the profession of Licensed Clinical Social Work and any other lawful activities business) not prohibited to a corporation engaging in such profession by applicable a professional corporation within the meaning of California Corporations Code
Additional information and signatures semade part of this filing.	t forth on attached pages, if any, are incorporated herein by reference and
Electronic Signature	
By checking this box, I acknowledge the and that all information is true and cor	nat I am electronically signing this document as the incorporator of the Corporation rect.
Steven D. Cooper	01/30/2025

Date