





## 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.: 6516536 Date Filed: 1/5/2025

| Corporation Name  |   |
|---|---|
| Corporation Name  | Elizabeth Iaquinto, Licensed Marriage and Family Therapist Inc.   |
| Initial Street Address of Principal Office of Corporation                                 |   |
| Principal Address   | 1431 MORRIS AVE<br>CLOVIS, CA 93611   |
| Initial Mailing Address of Corporation  |   |
| Mailing Address   | 1431 MORRIS AVE<br>CLOVIS, CA 93611   |
| Attention   |   |
| Agent for Service of Process  |   |
| Agent Name  | Natalie Leon  |
| Agent Address   | 1431 MORRIS AVE<br>CLOVIS, CA 93611   |
| Shares The total number of shares the corporation Does the corporation have more than one |   |
| (other than the banking or trust company b  | e in the profession of Marriage and Family Therapy and any other lawful activities usiness) not prohibited to a corporation engaging in such profession by applicable professional corporation within the meaning of California Corporations Code |
| Additional information and signatures set made 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 corrections. | nat I am electronically signing this document as the incorporator of the Corporation rect.  |
|   | 01/05/2025  |
| Elizabeth Iaquinto  | 01, 02, 202   |