



6571980



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.: 6571980

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| Corporation Name Corporation Name | Sadie Mohler Psychology Inc. |
| Initial Street Address of Principal Office of Corporation Principal Address | 1555 W. SUNSET BLVD. UNIT C LOS ANGELES, CA 90026 |
| Initial Mailing Address of Corporation Mailing Address | 1555 W. SUNSET BLVD. UNIT C LOS ANGELES, CA 90026 |
| Attention | |
| Agent for Service of Process Agent Name | Erica D. Stambler |
| Agent Address | 10880 WILSHIRE BLVD. STE. 1101 LOS ANGELES, CA 90024 |
| Shares The total number of shares the corporation is authorized to issue is: 1,000 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 Psychology 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>Erica D. Stambler</u> Incorporator Signature | <u>02/05/2025</u> Date |

The liability of the directors of the Corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

The Corporation shall have the power to indemnify its agents (as defined in Section 317(a) of the Code) to the fullest extent permissible under California law.