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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

| Corporation Name | | |
|---|---|--|
| Corporation Name | Lee Franklin Professional Clinical Counselor Inc. | |
| Initial Street Address of Principal Office of Corporation | | |
| Principal Address | 3911 CLEAVLAND ST | |
| | 3273 SAN DIECO, CA 03103 | |
| | SAN DIEGO, CA 92103 | |
| Initial Mailing Address of Corporation | | |
| Mailing Address | PO BOX 3273 | |
| | SAN DIEGO, CA 92163 | |
| Attention | Danielle McGonigle | |
| Agent for Service of Process | | |
| Agent Name | Danielle Iola Verona McGongle | |
| Agent Address | 4581 MARYLAND ST | |
| | SAN DIEGO, CA 92116 | |
| Shares | | |
| The total number of shares the corporation is authorized to iss | ue is: 1 | |
| 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 Professional Clinical Counseling 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 | | |
| | | |
| 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. | | |
| | | |
| Danielle Iola Verona McGonigle | 02/03/2025 | |
| Incorporator Signature | Date | |