



6525422

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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.: 6525422

Date Filed: 1/11/2025

Corporation Name	Chrysalis Integrative Psychotherapy Inc
Initial Street Address of Principal Office of Corporation Principal Address	1918 BONITA AVE 208 BERKELEY, CA 94704
Initial Mailing Address of Corporation Mailing Address	1918 BONITA AVE 208 BERKELEY, CA 94704
Attention	Emily Heard
Agent for Service of Process Agent Name	Emily Heard
Agent Address	1918 BONITA AVE 208 BERKELEY, CA 94704
Shares	The total number of shares the corporation is authorized to issue 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 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>Emily Heard</u> Incorporator Signature	<u>01/11/2025</u> Date



Secretary of State
Business Programs Division
Business Entities

1500 11th Street, Sacramento, CA 95814
P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name: EMILY Last Name: HEARD
Phone Number: 831-325-7668 Email: emilyrheard@gmail.com

Entity Information (Please type or print legibly):

Entity Name: Chrysalis Integrative Therapy
Entity Number (if applicable): _____
Comments: EIN number will be added once S Corp
is created, focus on psychotherapy



Secretary of State
Articles of Incorporation of a
Professional Corporation

ARTS-PC

Filing Fee - \$100.00

Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay a minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

This Space For Office Use Only

1. Corporate Name

(Contact the California state board or agency that controls your profession to find out if **your profession is authorized to be a corporation in California** and if there are any specific corporate name style rules. Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

The name of the professional corporation is Chrysalis Integrative Therapy

2. Business Addresses (Enter the **complete** business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - Do not enter a P.O. Box <u>1918 Bonita Ave Suite #208</u>	City (no abbreviations) <u>Berkeley</u>	State <u>CA</u>	Zip Code <u>94704</u>
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	State	Zip Code

3. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State <u>CA</u>	Zip Code

CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

EMILY HEARD

4. Shares (Enter the **number of shares** the corporation is authorized to issue. **Do not** leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is 1

5. Purpose Statement

(Contact the California state board or agency that controls your profession to find out if your profession is authorized to be a corporation in California. Go to dca.ca.gov/about_us/entities.shtml for more information.)

The purpose of the corporation is to engage in the profession of Psychotherapy 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.

6. Read and Sign Below (This form must be signed by each incorporator.)

Signature

Type or Print Name