

POS 000 157610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

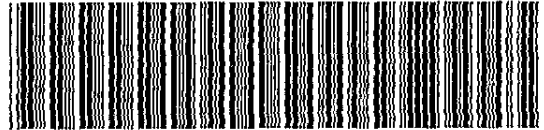
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/05--01047--002 **87.50

05 NOV 28 PM 2:00
RECEIVED
STATE OF OHIO
DEPARTMENT OF REVENUE

B. McKnight DEC 01 2005

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lingui-Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Samantha Kostowicz
Name (Printed or typed)

4936 SE 41st Ct
Address

Ocala, FL 34480
City, State & Zip

(352) 840-0741, (352) 208-4713
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

05 NOV 28 PM 2:00
STATE OF FLORIDA
SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be: Lingui-Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4936 SE 41st Ct
Ocala, FL 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to independently contract speech, language and reading services; diagnostic and treatment to children with communicative disorders in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Samantha Kostowicz, Speech Pathologist
4936 SE 41st Ct (MA CCC/SLP)
Ocala, FL 34480

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Samantha Kostowicz, Speech Pathologist
4936 SE 41st Ct (MA CCC/SLP)
Ocala, FL 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samantha Kostowicz, Speech Pathologist
4936 SE 41st Ct (MA CCC/SLP)
Ocala, FL 34480

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Samantha Kostowicz
Signature/Registered Agent

11/22/05
Date

Samantha Kostowicz
Signature/Incorporator

11/22/05
Date