

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000081842 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)61.7-6381

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

Phone : (305)599~0839

Fax Number

: (305)716~0346

FLORIDA PROFIT/NON PROFIT CORPORATION

BEST SPEECH THERAPY SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help



April 8, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

FASTKTT

SUBJECT: BEST SPEECE THERAPY SERVICES, INC.

REF: W09000016497

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: E09000081842 Letter Number: 009A00011848

ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BEST SPEECH THERAPY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

460 EAST 23 STREET STE 419 HIALEAH, FL, 33013

ARTICLE JU SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

This corporation is authorized to issue 100 shares of \$ 1.00 per value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

MARIA DE LA CRUZ CASTRO 460 EAST 23 STREET STE 419 HIALEAH, FL, 33013

ARTICLE V INCORPORATOR (S)

The name(s) and Street address (s) of the incorporator (s) to these Articles of Incorporation is (are):

MARIA DE LA CRUZ CASTRO 460 EAST 23 STREET STE 419 HIALEAH, FL, 33013



ARTICLE VI DIRECTOR (S)

The name and Street address (s) of the director (s) to these Articles of Incorporation is (are):

MARIA DE LA CRUZ CASTRO 460 EAST 23 STREET STE 419 HIALEAH, FL, 33013

The undersigned incorporator (so has (have) executed these Articles of Incorporation this 4 days of APRIL of 2009.

Signature

Signature

Articles of Incorporation Filing Fee- \$ 35.00

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE.

..Pursuant to the provisions of sections 60 or, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the register office/registered agent, in the State of Florida.

1. The name of the corporation is:

BEST SPEECH THERAPY SERVICES, INC.		
(NAME)	- F 3	
Maria De la Cruz Castro. 460 east 23 street ste 419 HIALEAH, FL, 33013	APR - 0 MI	
(ADDRESS)	STATE	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS, FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. IFURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_

DATE 04/04/09

REGISTERED AGENT FILING FEE: \$ 35.00