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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-11-15 09

**COVER LETTER**

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

**SUBJECT:** The Language Loft, Inc.

(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:** Lindsay S Brown

Name (Printed or typed)

17381 Sterling Lake Dr

Address

Fort Myers FL 33967

City, State & Zip

239-691-5576

Daytime Telephone number

lindsayskyebrown@yahoo.com

E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME**

The name of the corporation shall be: The Language Loft, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17381 Sterling Lake Dr  
Fort Myers, FL  
33967

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the diagnosis and treatment of  
speech and language disorders of individuals in southwest Florida  
by trained and licensed professionals

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Lindsay S Brown, CEO</u>	Name and Title:	_____
Address	<u>17381 Sterling Lake Dr</u>	Address:	_____
	<u>Fort Myers FL 33967</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FLORIDA

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Lindsay S Brown, CEO  
 Address: 17381 Sterling Lake Dr  
Fort Myers FL 33967


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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Lindsay S Brown, CEO  
 Address: 17381 Sterling Lake Dr  
Fort Myers, FL 33967

*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*

  
 Required Signature/Registered Agent

02/01/2015  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Required Signature/Incorporator

02/01/2015  
 Date