

Ex 10000040/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

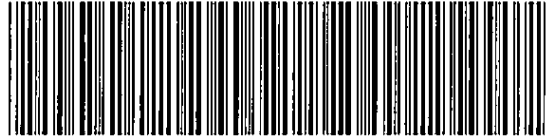
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/24--01023--001 **70.00

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SECRETARY OF STATE

T. LEMIEUX

JUL 30 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayfront Speech Therapt, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hannah Brown

Name of Person

Bayfront Speech Therapy, INC

Firm/Company

1401 S Bay Villa Place, Unit B

Address

Tampa, FL, 33629

City/State and Zip code

hannah.brown@bayfrontspeech.com

(hannah.brown@Bayfrontspeech.com)

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

For further information concerning this matter, please call:

Hannah Brown

at (239) 3792938

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

Affidavit of Business Name Release

To whom it may concern,

I, Hannah Brown, the director of the dissolved entity BAYFRONT SPEECH THERAPY, INC.
(Document number: P24000032972) hereby release the name to be used for future business.

Director Name: Hannah J. Brown

Director Signature: 

Date of Release: July 17th, 2024

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of

Hillborough }

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence,

— OR —

☐ Online Notarization,

this 17 day of July, 2024, by
Date Month Year

Hannah J. Brown

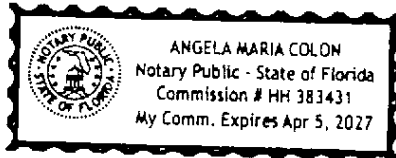
Name of Person Acknowledging

Angela Maria Colon

Signature of Notary Public — State of Florida

Angela Maria Colon

Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

☐ Personally known

☒ Produced Identification

Type of Identification Produced: Florida

Driver License

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Business Name Release

Document Date: 07/17/2024 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Bayfront Speech Therapy, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 99-3323489
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/24/2024 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1401 21st ST #6618, Sacramento, California
(Principal office street address)

1401 S Bay Villa Place, Unit B, Tampa, FL 33629
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Hannah Brown

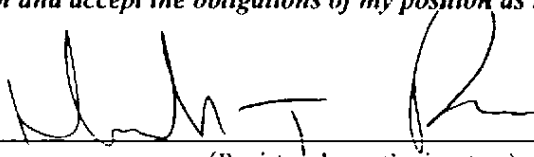
Office Address: 1401 S Bay Villa Place, Unit B

Tampa, FL. _____, Florida 33629
(City) (Zip code)

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2024 JUL 23 PM 4:40
SECRETARY OF STATE

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS

☒ Chairman Name: Hannah Brown
☐ Vice Chairman Address: 1401 S Bay Villa Place, Unit B,
☐ Director Tampa FL, 33629
☒ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

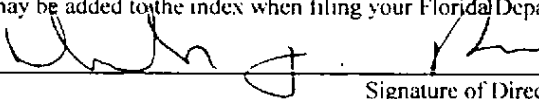
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Hannah J. Brown
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Bayfront Speech Therapy, INC.
Entity No.: 6243484
Registration Date: 05/24/2024
Entity Type: Stock Corporation - CA - Professional
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 16, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 229110018

To verify the issuance of this Certificate, use the Certificate Number with the Secretary of State's online verification tool.