P0000058745

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

SUBJECT:	AUDIO	SPEECH	COUNSELING	INC.	ا محمد	-06/13/00(*****87.50	0100200 _******87	.—5 3 '.50
		(Proposed corporate	e name - r	nust include suff	īx)		

Enclosed is an original an	d one(1) copy	of the articles of inco	orporation 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 CO	PY REQUIRED

FROM:	WIFREDO RIVERA	OO SEI				
i icoivi.	Name (Printed or typed)	CARE J				
	5675 LA COSTA DR	JUN 12 ETARY HASSEI				
	Address					
	ORLANDO, FLORIDA 32807	2: 08				
	City, State & Zip					
	(407) 737-1011					
Daytime Telephone number						

T.SMITH JUN 16 2000

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AUDIO SPEECH COUNSELING INC.

ARTICLE II PRINCIPAL OFFICE

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

5675 LA COSTA DR ORLANDO, FLORIDA 32807

ARTICLE III SHARES

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

1 SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

5675 LA COSTA DR ORLANDO, FLORIDA 32807

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WILFREDO RIVERA

1721 WATAUGA AVE APT 204 ORLANDO, FLORIDA 32807

/

Signature/Incorporator

,

(An additional article must be added if an effective date is requested.)

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. I further 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/Registered Agent

Date