## TRANSMITTAL LETTER

## 000104530

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

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SUBJECT: As	pire Speech Ther PROPOSED CORPORA	apy Services	DE SUFFIX)	<u> </u>
			TALLAR	8 1
Enclosed is an origina	al and one(1) copy of the article	es 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	M 9: 26
	i	ADDITIONAL COI	PY REQUIRED	·
FROM: Angela M. Gullett, MEd, CCC-SLP Name (Printed or typed)				
	401 Turnber	ry Rd		
	<u>Cantonmen</u>	F FL 32533	· .	
	(850) 968 Daytime Te	- 3771 lephone number	·····	,444

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:
ARTICLE I NAME  The name of the corporation shall be:  Aspire Speech Therapy Services Inc.  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1551 Berryhill Rd.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
Milton, FL 32570
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide speech therapy services to individuals with communication and swallowing disorders.  ARTICLE IV SHARES
communication and swallowing disorders.
ARTICLE IV SHARES The number of shares of stock is:
100 (one hundred)
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):
(-) 124 444 655(65).
$\cdot$
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Michael P. Gullett
401 Turnberry Rd.
Cantonment FL. 32533
The name and address of the L
The <u>name and address</u> of the Incorporator is:
Angela M. Gullett
401 Turnberry Rd.
Cantonnent 'FL. 32533 **********************************
Daving been named as registered agent to accent service of process for the shows that I
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Mulauf Hysleth 11 2 no
Signature Registered Agent Date
Date  11-3-00
11-3-00
Signature/Incorporator Date

Date