P010000 46417 APRILLED TO TRANSMITTAL LET 1....

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

Enclosed is an original	l and one(1) copy	of the articles of inco	orporation and a check for
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□ \$70.00
Filing Fee



Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Daytime Telephone number

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)
APPROVED
The name of the corporation shall be: Wonna a. Johnson, Inc.
01 MAY -9 PM 12: 20
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: POBOL 21093 TOUGHASSEE, FLORIDA TOUGHASSEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Speech Therapy Business
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Wanna l. Johnson 1327 Airport Dr., E-15 Tailahassee, FL 37304
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Wound a lightness PD Bay 21093 Tallahassee, FL 32316

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
Mure a. Johnson 5/9/01
Signature/Registered Agent Date I
Ulane a. Johnson 5/9/01
Signature/Incorporator / Date
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