## TRANSMITTAL LETTER

## P01000102552

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

300**004648223---**5 -10/22/01--01064--001 -10/22/01--01064--001 -10/22/01--01064--001

SUBJECT: Mullin Speech and Language Consultants Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00 \$\times\$ \$78.75  Filing Fee Filing Fee  & Certificate of State	\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: Sheila Mullin Name (Printed or typed)					
1040	Spyg/ass Address		SECRETAR ALLAHASS		
Weston	) FL 33326 City, State & Zip	· =	YOF ST		
(954)	Daytime Telephone number		ATE RIDA		

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

ARTICLES OF INCORPORATION In compliance with Gapter 607 and/or Chapter 621, F.S.	. (Profit)		
ARTICLE I NAME  The name of the corporation shall be: Mullin Special S	eech and Lang	guage Con	sultants Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1040 Spyglass  Weston, FL 33336			
The purpose for which the corporation is organized is:  1 anguage therapy/service	to provide es for pro	Speech Stit	and
ARTICLE IV SHARES  The number of shares of stock is:   The number of shares of stock is:		-	·
ARTICLE V INITIAL OFFICERS/DIRECTORS The name(s), address(es) and title(s):  Sheila Mullin - Director  1040 Spyglass Weston, FL 33326  ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered age  Sheila Mullin	,·	01 OCT 22 PM 1: 05	SECRETARY OF STATE TALLAHASSEE, FLORIDA
######################################	***********	******	· · · · · · · · · · · · · · · · · · ·
Having been named as registered agent to accept service of process f certificate, I am familiar with and accept the appointment as registered.  Signature/Registered Agent			ignated in this
Signature/Incorporator/	$\frac{1}{D_0}$	$\frac{0}{1} \frac{19}{10}$	· · · ·