

P02000002275

TRANSMITTAL LETTER

EFFECTIVE DATE

1-1-02

FILED

02 JAN -4 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100004751521--7  
-01/04/02--01047--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT: Comprehensive Speech & Language Services, Inc.**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

**\$ 78.75 payable to "Department of State"**

for

Filing Fee & Certificate of Status

From: **Jane Wilson  
5125 Castello Drive  
Naples, Florida 34103  
(610) 688-2347**

02/18/02 ✓

**EFFECTIVE DATE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be:

**Comprehensive Speech & Language Services, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

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

**5125 Castello Drive  
Naples, Florida 34103**

### **ARTICLE III SHARES**

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

**5000 Shares - No Par Common Value**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Jane Wilson  
5125 Castello Drive  
Naples, Florida 34103**

### **ARTICLE V PURPOSE**

The purpose for which the corporation is organized is:

**Consulting**

**ARTICLE VI INCORPORATORS**

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

**Jane Wilson, President/Secretary**

**ARTICLE VII EFFECTIVE DATE**

The effective date of the corporation shall be:

**January 1, 2002**

The undersigned incorporator(s) has(have) executed these articles of Incorporation this

3<sup>RD</sup> day of JANUARY, 2002.

Jane Wilson  
Signature and Title  
President/Secretary

1-3-02  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the state of Florida.

1. The name of the corporation is:

**Comprehensive Speech & Language Services, Inc.**

2. The Name and address of the registered agent and office is:

**Jane Wilson  
5125 Castello Drive  
Naples, Florida 34103**

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.

Jane Wilson  
Signature

1-3-02  
Date