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Division of Corporations

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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**bilingual therapy associates, inc.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION  
OF**

**BILINGUAL THERAPY ASSOCIATES, INC.**

I, the undersigned, hereby execute and acknowledge these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

**ARTICLE I**

**NAME AND ADDRESS OF CORPORATION**

The name and address of the corporation shall be: **BILINGUAL THERAPY ASSOCIATES, INC.** located at 16524 Saddle Club Road, Weston, Florida 33326.

**ARTICLE II**

**DURATION OF CORPORATION**

The corporation shall have a perpetual existence, which shall begin on the date of the filing of these Articles of Incorporation with the Department of State.

**ARTICLE III**

**PURPOSE**

The general purpose for which the corporation is organized includes the transaction of all lawful business for which corporation may be incorporated under this Chapter.

**ARTICLE IV**

**AUTHORIZED CAPITAL**

The corporation shall be authorized to issue 100 shares common stock of \$1.00 par value, for the total authorized capital of \$100.00.

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## **ARTICLE V**

### **PREEMPTIVE RIGHTS**

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase prorata share thereof at the price at which it is offered to others.

## **ARTICLE VI**

### **INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is: **Karen Acosta, 2845 S.W. 177<sup>th</sup> Terrace, Miramar, Florida 33029.**

## **ARTICLE VII**

### **DIRECTORS**

This corporation shall have two (2) directors, initially. The name and street address of the initial member of the Board of Director is:

- |    |                       |  |
|----|-----------------------|--|
| 1. | <b>Marcela Ocampo</b> | <b>16524 Saddle Club Road<br/>Weston, Florida 33326</b>              |
| 2. | <b>Karen Acosta</b>   | <b>2845 S.W. 177<sup>th</sup> Terrace<br/>Miramar, Florida 33029</b> |

## **ARTICLE VIII**

### **INCORPORATOR**

The name and address of the Incorporator is:

**Marcela Ocampo  
16524 Saddle Club Road  
Weston, Florida 33326**

**ARTICLE IX**

**OFFICERS**

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President

Marcela Ocampo  
16524 Saddle Club Road  
Weston, Florida 33326

Secretary

Karen Acosta  
2845 S.W. 177<sup>th</sup> Terrace  
Miramar, Florida 33029

Vice-President

Karen Acosta  
2845 S.W. 177<sup>th</sup> Terrace  
Miramar, Florida 33029

Treasurer

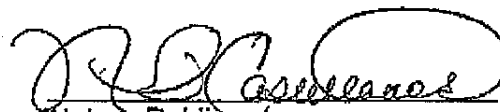
Marcela Ocampo  
16524 Saddle Club Road  
Weston, Florida 33326

**IN WITNESS WHEREOF**, the Incorporator has hereunto subscribed her name, on the 30<sup>th</sup> day of July, 2002.

  
Marcela Ocampo

STATE OF FLORIDA     )  
COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of July 2002, by Marcela Ocampo, who is \_\_\_\_\_ personally known or ☒ produced driver's license as identification.

  
Notary Public,  
State of Florida at Large  
Print/Type Name:

My Commission Expires:



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### ACKNOWLEDGMENT

Having been designated to accept service of process for the above named corporation, at the place designated in this Certificate, and agree to comply with the provisions of the Florida Laws relating to keeping open said office.



Karen Acosta, Registered Agent

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