

PO40000 75964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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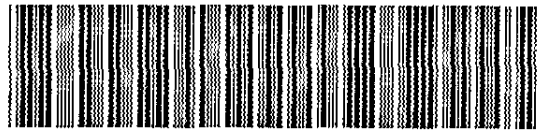
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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405-11

## TRANSMITTAL LETTER

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

SUBJECT: Karen M. Jordan, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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  
**ADDITIONAL COPY REQUIRED**

FROM: Karen M. Jordan

Name (Printed or typed)

636 SW 12 Street

Address

Fort Lauderdale, FL 33315

City, State & Zip

(954) 599-4185

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)

### ARTICLE I NAME

The name of the corporation shall be:

Karen M. Jordan, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

636 SW 12 Street  
Fort Lauderdale, FL 33315

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render services as a Speech-Language Pathologist.

### ARTICLE IV SHARES

The number of shares of stock is:

100 with a par value of 0.01

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Karen M. Jordan, Director  
636 SW 12 Street  
Fort Lauderdale, FL 33315

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lance B. Jordan  
636 SW 12 Street  
Fort Lauderdale, FL 33315


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karen M. Jordan  
636 SW 12 Street  
Fort Lauderdale, FL 33315

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

5/4/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5.4.04  
\_\_\_\_\_  
Date

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04 MAY -7 PM 3:40  
TALLAHASSEE, FLORIDA