

PO4000084212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

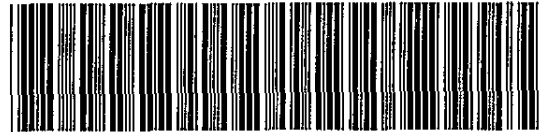
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300035239483

05/04/04--01010--019 **87.50

FILED
04 MAY 27 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

204-17647

TS05/27/04

TRANSMITTAL LETTER

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

SUBJECT: Speech Pathology Associates, Inc.
(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: Ian H. Jones
Name (Printed or typed)

129 Sea Oats Dr.
Address

Panama City Beach, FL 32413
City, State & Zip

850-624-5091
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 7, 2004

IAN H JONES
129 SEA OATS DR
PANAMA CITY, FL 32413

SUBJECT: SPEECH PATHOLOGY ASSOCIATES, INC.
Ref. Number: W04000017647

We have received your document for SPEECH PATHOLOGY ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 904A00031373

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:

Speech Pathology Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

129 Sea Oats DR. Panama City Beach
FL 32413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide speech, language & swallowing therapy to all applicable populations.

ARTICLE IV SHARES

The number of shares of stock is:

100 1 share of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ian H. Jones - president
129 Sea Oats Dr. - secretary
Panama City Beach, FL 32413

ARTICLE VI REGISTERED AGENT

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

Ian H. Jones
129 Sea Oats Dr., Panama City Beach, FL 32413

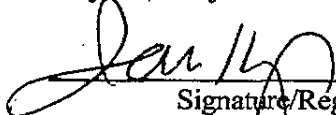
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ian H. Jones 129 Sea Oats DR. Panama City Beach, FL 32413

FILED
04 MAY 27 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

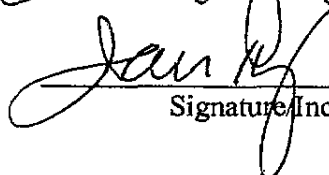
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 MA CCC/SCP

Signature/Registered Agent

4-25-04

Date

 MA CCC/SCP

Signature/Incorporator

4-25-04

Date