

POS000115898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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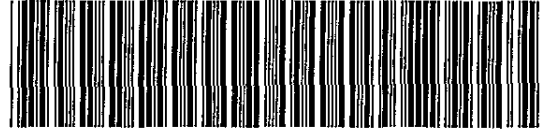
(Business Entity Name)

(Document Number)

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05 AUG 19 AM 7:59
SECRETARY OF STATE
NOTARIES

J. Shivers AUG 22 2005

TRANSMITTAL LETTER

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

SUBJECT: Multiple Modalities, 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: Elaine R. Roy

Name (Printed or typed)

7016 Woodmont Ave.

Address

Tamarac, FL 33321

City, State & Zip

954-597-7697

Daytime Telephone number

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05 AUG 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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:

Multiple Modalities, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7016 Woodmont Ave.
Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President/Secretary: Elaine R. Roy
7016 Woodmont Ave.
Tamarac, FL 33321

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elaine R. Roy
7016 Woodmont Ave.
Tamarac, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elaine R. Roy
7016 Woodmont Ave.
Tamarac, FL 33321

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

8 - 16 2005

Date

Signature/Incorporator

8 - 16 - 2005

Date

FILED
05 AUG 19 AM 8:00
CLERK OF STATE
TAMARAC, FL 33321