

POS 000157610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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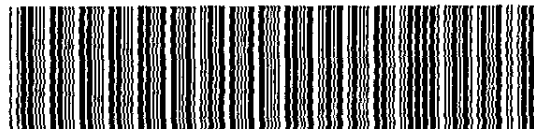
(Business Entity Name)

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B. McKnight DEC 01 2005

**COVER LETTER**

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

SUBJECT: Lingui-Corp.  
(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: Samantha Kostowicz  
Name (Printed or typed)

4936 SE 41st Ct  
Address

Ocala, FL 34480  
City, State & Zip

(352) 840-0741, (352) 208-4713  
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: Lingui-Corp.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4936 SE 41st Ct  
Ocala, FL 34480

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to independently contract speech, language and reading services; diagnostic and treatment to children with communicative disorders in the State of Florida

## ARTICLE IV SHARES

The number of shares of stock is: 1 (one)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Samantha Kostowicz, Speech Pathologist  
4936 SE 41st Ct  
Ocala, FL 34480  
(MA CCC/SLP)

## ARTICLE VI REGISTERED AGENT

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

Samantha Kostowicz, Speech Pathologist  
4936 SE 41st Ct  
Ocala, FL 34480  
(MA CCC/SLP)

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samantha Kostowicz, Speech Pathologist  
4936 SE 41st Ct  
Ocala, FL 34480  
(MA CCC/SLP)

\*\*\*\*\*

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

Samantha Kostowicz  
Signature/Registered Agent

11/22/05  
Date

Samantha Kostowicz  
Signature/Incorporator

11/22/05  
Date

05 NOV 28 PM 2:00