

P06000117620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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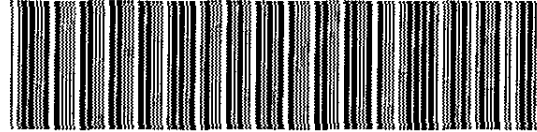
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 11 AM 8:14

## COVER LETTER

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

SUBJECT: Jo Ann Woociker M.S. CCC, SLP, PA  
(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: Jo Ann Woociker, M.S. CCC, SLP, PA  
Name (Printed or typed)

445 Warrior Trail  
Address

Enterprise, FL 32725  
City, State & Zip

386-747-3574  
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)

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## ARTICLE I NAME

The name of the corporation shall be:

JoAnn Woociker, MS, CCC, SLP, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

445 Warrior Trail  
Enterprise, FL 32725

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For providing speech + language  
therapy services

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JoAnn Woociker - President  
445 Warrior Trail  
Enterprise, FL 32725

## ARTICLE VI REGISTERED AGENT

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

JoAnn Woociker  
445 Warrior Trail  
Enterprise, FL 32725

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel S. Woociker  
445 Warrior Trail  
Enterprise, FL 32725

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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

x JoAnn Woociker, MS, CCC, SLP

Signature/Registered Agent

9/6/06

Date

Signature/Incorporator

9/6/06

Date