

P08000052338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 27 PM 4:35

EP 5/28/08

COVER LETTER

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

SUBJECT: Breakthrough Speech Therapy Services, 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: KIMBERLY N. BLOOM

Name (Printed or typed)

8075 NW 15TH MANOR

Address

PLANTATION, FL 33322

City, State & Zip

954-424-1630

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:

Breakthrough Speech Therapy Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1245 Orange Drive, Suite 502, Davie, Florida USA 33330

Mailing Address: 8075 NW 15th Manor, Plantation, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Legal Purpose

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kimberly Bloom, President

Kimberly Bloom, Director

ARTICLE VI REGISTERED AGENT

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

Charles Bloom

1640 East Oak Knoll Circle

Davie, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Bloom

8075 NW 15th Manor

Plantation, FL 33322

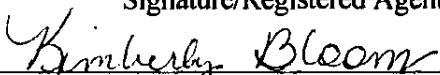
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/22/08

Date



Signature/Incorporator

5/22/08

Date

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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