P0900014152

	<u> </u>			
(Requestor's Name)				
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phon	e #)		
_				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
,	•			
<u> </u>				
Special Instructions to F	Filing Officer:			

Office Use Only



100141838331

01/26/09--01009--011 **87.50

O9 FEB 12 PH 3:
SECRETARY OF STA

MP3/13

1009-4670

COVER LETTER

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

SUBJECT: <u>ta</u>	CTY Speech La (PROPOSED CORPOR	nguase Ther	COICS, LA	<u>IC</u> .	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
			aire	ady	
FROM:	Carrie Ann	Printed or typed)	Particol Control Contr	puu	
	16855 98t	Way N		,	
	Jupiter, Fi	· 33478 y, State & Zip			
	(561) 743-8	8950 Telephone number		,	
Dayanie reiephone number					

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



DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE

Division of Corporations

09 FEB 12 AM II: 09

January 27, 2009

CARRIE ANN BARRESI 16855 98TH WAY N JUPITER, FL 33478

SUBJECT: DEVELOPMENTAL SPEECH & LANGUAGE THERAPY

Ref. Number: W09000004070

We have received your document for DEVELOPMENTAL SPEECH & LANGUAGE THERAPY 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 209A00002984

A I decided to charge the name. Farly Speech & Layunge therapy, Inc.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

09 FEB 12 PM 3: 15

SECRETARY OF STATE TALLAHASSEE, PLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Early Speech Language Therapies, Inc.

ARTICLE II PRINCIPAL OFFICE

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

16855 98 way N. Jupiter, FL. 33478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide quality one or one or Small group speach and language Therapy services to children.

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):

Carrie Ann Barresi MS, CCC-SLP, OWNER 11855 98th way N. Jupiter, FL. 33478 Speech Kinguage Pathologist

ARTICLE VI REGISTERED AGENT

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

Carrie Ann Barresi MS, CCC-SUP 16855 98th way N. Jupiter, FL. 33478

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carrie Ann Barresims, CCC-SLP 16855 984 worden. Jupiter, FL. 33478

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

Caul Cutany

Signature/Incorporator

Date

Date