

(Re	equestor's Name)	
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(Čil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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03/06/09--01014--018 **70.00

COVER LETTER

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

	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
sed are an orig	inal and one (1) copy of the an	ticles of incorporation and	l a check for:
☑ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate o
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Ab	bie Woodard Name 833 Sir Richard Rd	e (Printed or typed)	
		Address	
	Tallahassee, FL 32310		

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

2009 MAR -6 PH 3: SECRETARY OF STATA

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:

Abbie V. Woodard, MS CCC-SLP, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 833 Sir Richard Rd. Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Speech-Language Pathology services

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Abbie V. Woodard 833 Sir Richard Rd., Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Abbie V. Woodard 833 Sir Richard Rd., Tallahassee, FL 32310