

P09000028551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

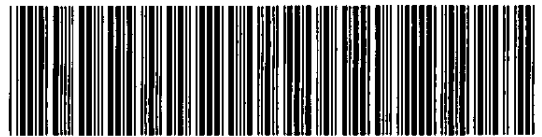
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

09 MAR 27 PM 12:15

SECRETARY OF STATE
ALABAMA, FILED

PA

COVER LETTER

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

SUBJECT: SLP Therapy, 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: Amber Rankin

Name (Printed or typed)

5807 Palmetto Drive

Address

Fort Pierce, FL 34982

City, State & Zip

772-528-2654

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:

SLP Therapy, Inc.,

ARTICLE II PRINCIPAL OFFICE

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

5807 Palmetto Drive
Fort Pierce, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: President
Amber Rankin
5807 Palmetto Drive
Fort Pierce, FL 34982

ARTICLE VI REGISTERED AGENT

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

Amber Rankin
5807 Palmetto Drive
Fort Pierce, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amber Rankin
5807 Palmetto Drive
Fort Pierce, FL 34982

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

Amber Rankin

Signature/Registered Agent

3/24/09

Date

Amber Rankin

Signature/Incorporator

3/24/09

Date

FILED
09 MAR 27 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA