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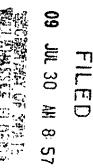
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COVER LETTER

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

SUBJECT:	Julie Jim	ienez In			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>.UDE SUFFIX</u>)		
•					
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00	D 400 00	□ 030.75	D 607.50		
		. □ \$78.75	\$87.50		
/Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
	& Cermeate of Status	ac connect copy	& Certificate of		
			Status		
	ADDITIONAL COPY REQUIRED				
			<u></u>		
•	,				
FROM:	Julie	Jimenez			
	Name (Printed or typed)				
12135 math 8+					
12635 109th St					
1 orao FL 33778					
Lorgo, FL 33778 City, State & Zip					
		0 0011			
727 709 - 2061 Daytime Telephone number					
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) <u>ARTICLE</u> I The name of the corporation shall be: Julie Jimenez INC ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 12635 109th St. Largo, FL 33778 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Speech-Language Pathology ARTICLE IV SHARES The number of shares of stock is: 1000 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President Julie Jimenez 12635 109th St. Largo, FL 33778 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Julie Jimenez 109th St. 12635 Largo, FL 33778 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Julie Jimenez 12635 109th St Large, FL 33778 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