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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

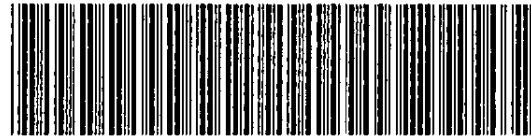
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
5-6-11

**COVER LETTER**

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

**SUBJECT:** Alyssa N. Shafii, M.S., CCC-SLP, P.A.  
(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:** Alyssa N. Shafii  
Name (Printed or typed)

4710 North Habana Avenue Suite 304  
Address

Tampa, Florida 33614  
City, State & Zip

813-784-8802  
Daytime Telephone number

alyssa.shafii@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

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

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**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: Alyssa N. Shafii, M.S., CCC-SLP, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4710 North Habana Avenue  
Suite 304  
Tampa, Florida 33614

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Allied Healthcare

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Alyssa N. Shafii, Owner/President</u>	Name and Title: _____
Address: <u>4710 North Habana Avenue</u>	Address: _____
<u>Suite 304</u>	_____
<u>Tampa, Florida 33614</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Alyssa N. Shafii  
Address: 4710 North Habana Avenue Suite 304  
Tampa, Florida 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alyssa N. Shafii  
Address: 4710 North Habana Avenue Suite 304  
Tampa, Florida 33614

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

Alyssa N. Shafii

Required Signature/Registered Agent

4/25/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alyssa N. Shafii

Required Signature/Incorporator

4/25/11  
Date

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