

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000185683 3)))



H110001856833ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

RECEIVED JUL 20 2011

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
USE YOUR WORDS PEDIATRIC SPEECH THERAPY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 20 AM 9:17

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 20 AM 9:17

ARTICLES OF INCORPORATION
OF
USE YOUR WORDS PEDIATRIC SPEECH THERAPY, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I – NAME

The name of the corporation shall be:
USE YOUR WORDS PEDIATRIC SPEECH THERAPY, INC.

The principal place of business is: 14602 Rosewood Road
Miami Lakes, FL 33014

ARTICLE II – NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III – CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
100 shares, \$500.00 par value

ARTICLE IV – TERM OF EXISTENCE

This corporation is to exist perpetually.

11 JUL 20 AM 9:17

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida,

1. The name of the corporation:

USE YOUR WORDS PEDIATRIC SPEECH THERAPY, INC.

2. The name and address of the registered agent and office is:

EVELYN FALCON
14602 ROSEWOOD ROAD
MIAMI LAKES, FL 33014

Signature _____

Title President

Date July 20, 2011

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature: _____

Date: July 20, 2011