

P 11000094125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

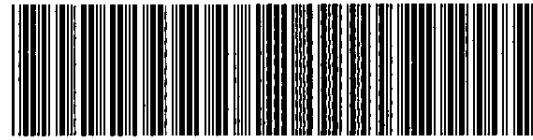
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2011

# COVER LETTER

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

**SUBJECT:** PHONETICALLY SPEAKING 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:** CAROLYN P. LEONARD  
Name (Printed or typed)

616 SOUTH BRANCH DR  
Address

ST. JOHNS, FL 32259  
City, State & Zip

(904) 460-2487  
Daytime Telephone number

paige123199@gmail.com  
E-mail address: (to be used for future annual report notification)

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**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: PHONETICALLY SPEAKING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
616 SOUTH BRANCH DR
ST. JOHNS, FL 32259

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFESSIONAL SERVICE-SPEECH THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF COMMON STOCK, EACH HAVING A PAR VALUE OF \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLYN P. LEONARD, PRES/DIR
Address: 616 SOUTH BRANCH DR
ST. JOHNS, FL 32259
Name and Title:
Address:
Name and Title:
Address:
Name and Title:
Address:
Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: CAROLYN P. LEONARD
Address: 616 SOUTH BRANCH DR
ST. JOHNS, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN P. LEONARD
Address: 616 SOUTH BRANCH DR
ST. JOHNS, FL 32259

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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

Carolyn Paige Leonard
Required Signature/Registered Agent
10/23/11
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.

Carolyn Paige Leonard
Required Signature/Incorporator
10/23/11
Date