

P 1200 0024535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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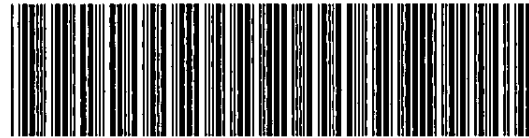
(Business Entity Name)

(Document Number)

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2012 MAR 04 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers MAR 13 2012

W12-12007
691



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2012

SUSAN MADONIA
2201 NE 3RD AVE
BOCA RATON, FL 33431

SUBJECT: MADONIA SPEECH PATHOLOGY SERVICES INC.
Ref. Number: W12000012003

We have received your document for MADONIA SPEECH PATHOLOGY SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 512A00008294

COVER LETTER

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

SUBJECT: Madonia Speech Pathology Services
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

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: Susan Madonia
Name (Printed or typed)

2201 NE 3rd Ave.
Address

Boca Raton, FL 33431
City, State & Zip

561-866-9747
Daytime Telephone number

boca2sisters@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR 05 PM 12:35

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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:

Madonia Speech Pathology Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2201 NE 3rd Ave.
Boca Raton, FL
33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Speech Therapy Services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Madonia (owner)

Address: 2201 NE 3rd Ave

Boca Raton, FL

33431

Name and Title:

Address:

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: Susan Madonia

Address: 2201 NE 3rd Ave

Boca Raton FL

33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Madonia

Address: 2201 NE 3rd Ave

Boca Raton, FL

33431

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

Susan Madonia

Required Signature/Registered Agent

2-24-12
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.

Susan Madonia

Required Signature/Incorporator

2-24-12
Date

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TALLAHASSEE, FLORIDA