

# P12000087614

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

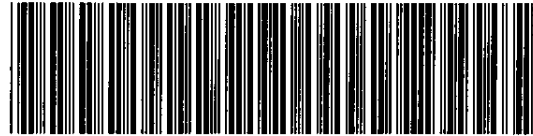
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



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12 OCT 15 AM 9:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*h 10/17/12*

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

Re: Star Kidz Therapy, Inc.  
2594 Littlehill Cove  
Apt. 204  
Oviedo, FL. 32765


Dear Department of State:

I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed corporation. I reserved the above corporate name with your office, and enclose a money order in the amount of \$122.50 for payment of the following fees:

Filing Fee	\$ 35.00
Certified copy fee	52.50
Registered Agent fee	35.00
<b>TOTAL</b>	<b>122.50</b>

Please file the original articles and return the certified copy to me at the above address.

Sincerely

  
Anagesky Mendoza  
Incorporator

**ARTICLES OF INCORPORATION  
OF**

**STAR KIDZ THERAPY, INC**

ONE: The name of the corporation is STAR KIDZ THERAPY, INC.

TWO: The duration of the corporation shall be perpetual.

THREE: The address of the corporation is:  
2594 Littlehill Cove, Apt. 204  
Oviedo, FL. 32765

FOUR: The general purpose(s) for which this corporation is/are being formed is to operate a speech therapy organization to assist children, young adults and all sectors of society; consulting and all other lawful business activity for which corporation may be incorporated under Chapter 607 of the Florida statutes.

FIVE: The aggregate number of shares, which the corporation shall have authority to issue is:

One Thousand (1,000) common shares having a value of \$1.00 per share.

SIX: The registered agent and the street address of the initial registered office of the corporation in the state of Florida is:

**Name**  
Anagesky Mendoza

**Address**  
2594 Littlehill Cove, Apt. 204  
Oviedo, FL. 32765

SEVEN: The number of directors constituting the initial board of Director is 2 and the name and address of each person who is to serve as a member thereof is as follows:

Name	Address
Anagesky Mendoza President	2594 Littlehill Cove, #204 Oviedo, FL. 32765
Justin Thomas Vice President	2594 Littlehill Cove, #204 Oviedo, FL. 32765

EIGHT: The name and address of the sole incorporator is:

Name	Address
Anagesky Mendoza	2594 Littlehill Cove, #204 Oviedo, FL. 32765

The internal affairs of the corporation shall be governed by the By Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NINE: The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the business of the Corporation until those elected at the organizational meeting are:

Name	Shares
Anagesky Mendoza	500 Shares
Justin Thomas	500 Shares

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TALLAHASSEE, FLORIDA

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.

*Gregory J. Lewis*  
Signature/Registered Agent

10/03/2012  
Date

*Gregory J. Lewis*  
Signature/Incorporator

10/3/12  
Date

12 OCT 15 AM 9:55  
FALL ANNUAL MEETING  
FALL ANNUAL MEETING  
FALL ANNUAL MEETING

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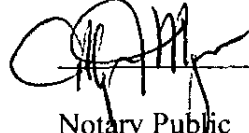
STATE OF FLORIDA

COUNTY OF SEMINOLE

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the state and county named above to take acknowledgments, personally appeared ANAGREY MORGAN to me known to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/ she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this

6 day of OCTOBER, 2012.

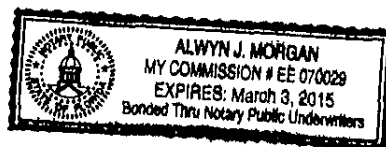


Notary Public

My commission expires: 03/03/2015

I, the undersigned, hereby accept the appointment as Registered Agent of the above noted corporation. I am familiar with, and accept the obligations of, Section 607.325 of the Florida Statutes.

SI2131 A Morgan  
LICENSE # SI2131  
FL DRIVERS LICENSE # 1M532019828900



12 OCT 15 AM 9:56  
TALLAHASSEE, FLORIDA

A.M

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