

P 12000104007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

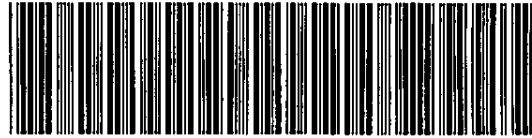
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

630-2544-

W12000061301



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12/10/12--01034--020 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 21 PM 2:36

12/28/12

## COVER LETTER

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

SUBJECT: Speech Therapy Associates, 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: Jessica Pahl Roffer  
Name (Printed or typed)  
3179 Bayshore Oaks Dr.  
Address  
Tampa, FL 33611  
City, State & Zip  
(407) 694-8305  
Daytime Telephone number  
Jessiepslp@gmail.com  
E-mail address: (to be used for future annual report notification)

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RECEIVED  
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CORPORATIONS

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



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2012

JESSICA PAHL ROFFER  
3179 BAYSHORE OAKS DRIVE  
TAMPA, FL 33611

SUBJECT: SPEECH THERAPY ASSOCIATES, P.A.  
Ref. Number: W12000061301

We have received your document for SPEECH THERAPY ASSOCIATES, P.A. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden

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DIVISION OF CORPORATIONS  
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Regulatory Specialist II  
New Filing Section

Letter Number: 412A00029247

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: ~~Speech Therapy associates, P.A.~~ <sup>cm:JP</sup> Speech Therapy associates of Tampa, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
3179 Bayshore Oaks Dr.  
Tampa, FL 33611

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To evaluate, diagnose, and treat speech, language, cognitive-communication and swallowing disorders in individuals of all levels, from infancy to the elderly, utilizing an individualized plan with both long term and short term goals established for each client's needs.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica Pahl Roffer  
Address: 3179 Bayshore Oaks Dr.  
Tampa, FL 33611

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:

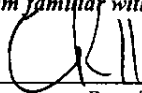
Name: Clay Roffer  
Address: 3179 Bayshore Oaks Dr.  
Tampa, FL 33611

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessica Pahl Roffer  
Address: 3179 Bayshore Oaks Dr.  
Tampa, FL 33611

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

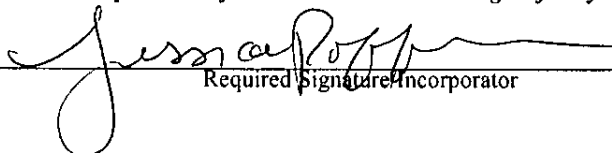


Required Signature/Registered Agent

12/5/12

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.



Required Signature Incorporator

12-5-12

Date

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