

03/20/2031 23:11

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Florida Department of State  
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION  
SPEECH AND LANGUAGE PEDIATRIC THERAPY INC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

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

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**ARTICLE I - NAME**

The name of the corporation shall be:

Speech and Language Pediatric Therapy INC

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

Principal - 12001 SW 128 Ct. Suite: 101  
Miami - FL 33186  
Mailing - 7600 W 20 Ave. Suite - 112  
Hialeah, FL 33016

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jose Miguel Hernandez  
12001 SW 128 Ct Suite: 101  
Miami - FL 33186

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**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Osmel Matos Lambert  
12001 SW 128 ct Suite 101  
Miami - FL 33186

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TALLAHASSEE, FLORIDA

The undersigned incorporator has executed these Articles of Incorporation this

09 day of May 2013

  
Signature

**ARTICLE VI - DIRECTOR (S)**

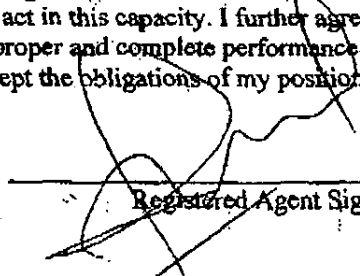
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Jose Miguel Hernandez - President  
Osmel Matos Lambert - Vice-President

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT****/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered

Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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