## P13000046616

(Requestor's Name)			
(Ad	dress)		
(Âd	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL.	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
W13-26454			



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13 WAY 22 PM 3: 17
SECRETARY OF STATE
AND ANASSEF FLORID.

## **COVER LETTER**

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

SUBJECT: Kar	en A. Mason, P.	۹.	
SOBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	
FROM: K	aren A. Mason, I	P.A. e (Printed or typed)	
16	631 Golf View Dr	•	
<del></del>		Address	
В	elleair, Fl. 33756		
	City,	State & Zip	···
94	41-204-7352		
	Daytime T	elephone number	
m	asonhomes@hotma	ail.com	
	E-mail address: (to be use	d for future annual report	notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2013

KAREN A. MASON, P.A. 1631 GOLF VIEW DR. BELLEAIR, FL 33756

SUBJECT: KAREN A. MASON, P.A. Ref. Number: W13000026654

We have received your document for KAREN A. MASON, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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.

Letter Number: 613A00010995

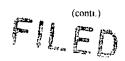
Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

, ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

-	e a land	A STATE OF	12.00 12.00	
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e name of the corpor	ME Karen A. Masor		13 HAY 22 PM 3:
TICLE II PR	INCIPAL OFFICE Principal street address	Mailing	SECRETARY OF SIA
331 Golf Vie	ew Dr.		I LURI
elleair, Fl. 3	3756		
TICLE III PU	RPOSE the corporation is organized is: Spee	ech Therapy	
purpose for which	the corporation is organized is.		
		71	
· • • · · · · · · · · · · · · · · · · ·			
TICLE IV SH	ARES 1000		
		······································	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECT	<del>.</del>	
PTICLE V IN		Name and Title:	
TICLE V IN	<i>ttial officers and/or direct</i> <sub>le:</sub> Karen A. Mason	<del>.</del>	
PTICLE V IN	HATIAL OFFICERS AND/OR DIRECT le: Karen A. Mason 1631 Golf View Dr.	Name and Title:	
Name and Tit Address	HATIAL OFFICERS AND/OR DIRECT le: Karen A. Mason 1631 Golf View Dr.	Name and Title: Address:	
Name and Tit Address	HAL OFFICERS AND/OR DIRECT  Let Karen A. Mason  1631 Golf View Dr.  Belleair, Fl. 33756	Name and Title: Address: Name and Title:	
Name and Tit Address Name and Titl	HATIAL OFFICERS AND/OR DIRECT  Ite: Karen A. Mason  1631 Golf View Dr.  Belleair, Fl. 33756	Name and Title: Address: Name and Title:	
Name and Tit Address Name and Titl	HATIAL OFFICERS AND/OR DIRECT  Ite: Karen A. Mason  1631 Golf View Dr.  Belleair, Fl. 33756	Name and Title: Address: Name and Title:	
Name and Tit Address  Name and Titl  Address	HATIAL OFFICERS AND/OR DIRECT  Ite: Karen A. Mason  1631 Golf View Dr.  Belleair, Fl. 33756	Name and Title:  Address:  Name and Title:  Address:	



Name and	d Title:	Name and Title: Address:	13 MAY 22 PM 3: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VI The name and FI Name:	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of Karen A. Mason	of the registered agent is:	1
Address:	1631 Golf View Dr. Belleair, Fl 33756	_ _ _	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Karen A. Mason		
Address:	1631 Golf View Dr.		
	Belleair, Fl. 33756	<del>-</del> -	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		o act in this capacity
	Harer Willason	<u>} P.H.</u>	4/30/2013
	Required Signature/Registered Agent		Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that th ny as provided for in s.817	e false information submitted in a 7.155, F.S.
	Required Signature/Incorporator	en, P.A.	4/30/2013 Date