

COVER LETTER

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

SUBJECT: Karen A. Mason, 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: Karen A. Mason, P.A.

Name (Printed or typed)

1631 Golf View Dr.

Address

Belleair, Fl. 33756

City, State & Zip

941-204-7352

Daytime Telephone number

masonhomes@hotmail.com

E-mail address: (to be used 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 613A00010995

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Karen A. Mason, P.A.

13 MAY 22 PM 3:17

ARTICLE II PRINCIPAL OFFICE

Principal street address

1631 Golf View Dr.

Belleair, Fl. 33756

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Speech Therapy

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen A. Mason Name and Title: _____

Address 1631 Golf View Dr. Address: _____

Belleair, Fl. 33756 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

FILED

13 MAY 22 PM 3:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Karen A. Mason

Address: 1631 Golf View Dr.

Belleair, Fl 33756

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Karen A. Mason

Address: 1631 Golf View Dr.

Belleair, Fl. 33756

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

Karen A. Mason, P.A.
Required Signature/Registered Agent

4/30/2013
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.

Karen A. Mason, P.A.
Required Signature/Incorporator

4/30/2013
Date