

P13000067571

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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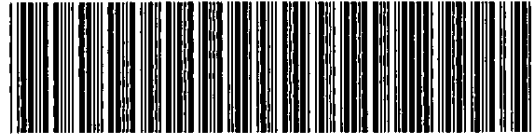
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 12 PM 1:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2013

CLAUDIA M TORRES
4224 SW 6TH ST
MIAMI, FL 33134

SUBJECT: SPEECH AND LANGUAGE THERAPY TIME, CORP
Ref. Number: W13000037369

We have received your document for SPEECH AND LANGUAGE THERAPY TIME, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Pamela Smith
Regulatory Specialist II

Letter Number: 313A00016230

13 AUG 12 PM 12:41

COVER LETTER

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

SUBJECT: Speech and Language Therapy Time, Corp
(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: Chudia M Torres
Name (Printed or typed)

4224 S.W. 6th st
Address

Miami, FL 33134
City, State & Zip

(305) 609-6874
Daytime Telephone number

CTORR031@gmail.com
E-mail address: (to be used for future annual report notification)

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

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 and Language Therapy Time, Corp

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

4224 S.W. 6th st

Miami, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

C.T.

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Torres MS, CCC-SLP

Name and Title: _____

Address: 4224 S.W. 6th st

Address: _____

Miami, FL 33134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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(conti.)

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: Claudia M Torres
Address: 4224 SW 6th st
Miami, FL 33134

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claudia M Torres
Address: 4224 S.W. 6th st
Miami, FL 33134

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

C. Jones 05/13/13
Required Signature/Registered Agent 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.

C. Jones 05/13/13
Required Signature/Incorporator Date