

P14000067498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

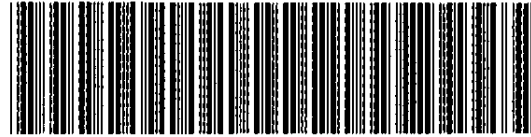
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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h 08/13/14

COVER LETTER

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

SUBJECT: Mason Speech Therapy, Inc
(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

~~repeal~~
☒ \$78.75

Filing Fee
& Certified Copy

☐ \$87.50

Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KAREN MASON
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.

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: MASON Speech Therapy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1631 Golf View Dr
Belleair, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide speech Therapy
Services

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: _____

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HILLSBORO COUNTY, FL

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 3356

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAREN A MASON

Address: 1631 Golf View DR
Belleair, FL 33756

Michelle Schugle
Ph.D.
416 LOTUS PATH
HARBOR WOODS,
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

Required Signature/Registered Agent

8/5/14

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

Required Signature/Incorporator

8/5/14

Date

Michelle Schugle
8/5/14