

P14000081506

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

14 OCT -2 PM 1:36

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10/6/14 RB

## COVER LETTER

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

SUBJECT: **EC Speech and Language 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Elisabeth Camp-Germann**

Name (Printed or typed)

**5025 Fairhaven Ln**

Address

**Naples, FL 34109**

City, State & Zip

**239-595-9972**

Daytime Telephone number

**ecspeechandlanguage@yahoo.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: EC Speech and Language Therapy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5025 Fairhaven Ln  
Naples, FL 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide speech and behavioral therapy to children and adults.

**ARTICLE IV SHARES**

The number of shares of stock is: 1 *per EB*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elisabeth Camp-Germann, MS CCC-SLP/owner

Name and Title: \_\_\_\_\_

Address

5025 Fairhaven Ln  
Naples, FL 34109

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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24 OCT -2 PM 1:35  
CLERK OF STATE  
TALLAHASSEE, FL 32304

(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: Elisabeth Camp-Germann  
Address: 5025 Fairhaven Ln  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elisabeth Camp-Germann  
Address: 5025 Fairhaven Ln  
Naples, FL 34109

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TALLAHASSEE, FLORIDA

*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*

Elisabeth Camp-Germann  
Required Signature/Registered Agent

9/5/14  
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.*

Elisabeth Camp-Germann  
Required Signature/Incorporator

9/5/14  
Date

EC Speech and Language Therapy, PLLC  
c/o Elisabeth Camp-Germann  
5025 Fairhaven Ln  
Naples, FL 34109  
239-595-9972

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

### Affidavit of Corporate Authority

I Elisabeth Camp-Germann (formerly known as Elisabeth Germann) as owner and operator of EC Speech and Language Therapy, PLLC acknowledge that I am also the owner and operator of EC Speech and Language Therapy Inc. I have recently submitted a request through the Florida Department of State, to be incorporated. I hereby state that I have the sole authority to make this request on behalf of my company.

Dated this 25<sup>th</sup> day of September, 20 14.

Elisabeth Camp-Germann  
Signature

Elisabeth Camp-Germann  
Printed Name

Owner/President  
Title in Corporation

State of Florida )  
County of Collier ) ss

Subscribed and sworn to before me this 25<sup>th</sup> day of September 20 14.



K Poland  
NOTARY PUBLIC in and for the State of  
Florida. Residing at: Collier County  
My Commission Expires: 9-12-15

In reference to  
W14000055320



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 OCT -2 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 10, 2014

ELISABETH CAMP-GERMANN  
5025 FAIRHAVEN LN  
NAPLES, FL 34109

SUBJECT: EC SPEECH AND LANGUAGE THERAPY INC  
Ref. Number: W14000055320

We have received your document for EC SPEECH AND LANGUAGE THERAPY INC 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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00019362