

PI50000051772

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 12 P 1:46

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JUN 16

T SCHROEDER

## COVER LETTER

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

**SUBJECT:** Speech Unlimited 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:** Lauren Alberti Bronshteyn

Name (Printed or typed)

6933 Julia Gardens Drive

Address

Coconut Creek, FL 33073

City, State & Zip

561-213-3773

Daytime Telephone number

rbigm@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: Speech Unlimited Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6933 Julia Gardens Drive,

6933 Julia Gardens Drive,

Coconut Creek, Fl 33073

Coconut Creek, Fl 33073

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide speech therapy services in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000.00

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

Name and Title: Lauren Alberti Bronshteyn, owner

Name and Title: Robert Bronshteyn, CEO

Address 6933 Julia Gardens Drive,  
Coconut Creek, Fl 33073

Address: 6933 Julia Gardens Drive,  
Coconut Creek, Fl 33073

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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2015 JUN 12 P 1:46  
CLERK OF DISTRICT COURT  
STATE OF 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: Lauren Alberti Bronshteyn  
Address: 6933 Julia Gardens Drive,  
Coconut Creek, Fl 33073

**ARTICLE VII INCORPORATOR**

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

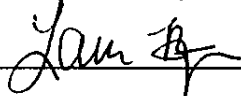
Name: Robert Bronshteyn  
Address: 6933 Julia Gardens Drive,  
Coconut Creek, Fl 33073

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

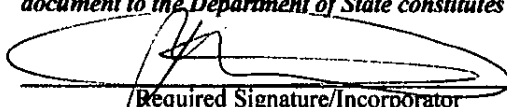


Required Signature/Registered Agent

5/21/2015

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.*



Required Signature/Incorporator

5/21/2015

Date

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2015 JUN 12 P 1:40  
DEPT. OF STATE  
TALLAHASSEE, FL 32399