

P16000034494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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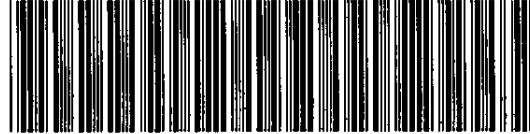
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Original*

## COVER LETTER

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

SUBJECT: DONNA-ANN SPENCE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: DONNA-ANN SPENCE  
Name (Printed or typed)

914 GRAND RAPIDS Blvd  
Address

NAPLES, FL 34120  
City, State & Zip

917-292-3313  
Daytime Telephone number

MYKEYDSNO1@aol.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: DONNA-ANN SPENCE THERAPY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
914 GRAND RAPIDS BLVD.

NAPLES

FL 34120

Mailing address, if different is:

N/A.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The general nature of the business to be transacted by this corporation is to engage as an Occupational Therapy business as permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Shares of Common stock with a par value of \$1.00 (one dollar) per share.

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

Name and Title: DONNA-ANN SPENCE, DIRECTOR Name and Title: \_\_\_\_\_

Address 914 GRAND RAPIDS BLVD. Address: \_\_\_\_\_

Naples

FL 34120.

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

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

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

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

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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: DONNA ANN SPENCE

Address: 914 GRAND RAPIDS BLVD

NAPLES, FL 34120

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**ARTICLE VII INCORPORATOR**

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

Name: DONNA-ANN SPENCE

Address: 914 GRAND RAPIDS BLVD.

NAPLES, FL 34120.

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/7/2016 (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*

Donna Ann Spence

Required Signature/Registered Agent

4/7/2016

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.*

Donna Ann Spence

Required Signature/Incorporator

4/7/2016

Date