

P16000070091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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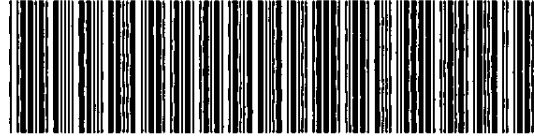
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 18 AM 9:58

8/25/16

COVER LETTER

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

SUBJECT: French 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 ☐ \$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: Vanessa French
Name (Printed or typed)

9145D SW 23rd St.
Address

Davie, FL 33324
City, State & Zip

(954) 667-2350
Daytime Telephone number

VSantoro90@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: French Speech and Language Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9145D SW 23rd St.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide diagnostic and therapeutic speech and language therapy services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vanessa French, President

Address: 9145D SW 23rd St
Davie, FL 33324

Name and Title: Vanessa French, Vice President

Address: 9145D SW 23rd St
Davie, FL 33324

Name and Title: Vanessa French, Director

Address: 9145D SW 23rd St.
Davie, FL 33324

Name and Title: Vanessa French, Treasurer

Address: 9145D SW 23rd St.
Davie, FL 33324

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Vanessa French

Address: 9145D SW 23rd St.
Davie, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Vanessa French

Address: 9145D SW 23rd St.
Davie, FL 33324

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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

Vanessa French

Required Signature/Registered Agent

8/15/16

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.

Vanessa French

Required Signature/Incorporator

8/15/16

Date