

1/11/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSHINE SPEECH THERAPY CENTER CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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INDEXED
2019 JAN 17 AM 9:43
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January 15, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: SUNSHINE SPEECH THERAPY CENTER CORP.
REF: W1900005137

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000013572
Letter Number: 319A00001129

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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: SUNSHINE SPEECH THERAPY CENTER CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 807 SE 11 CT, FT LAUDERDALE, FL 33316
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SPEECH THERAPY

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ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLE BARRETT, PRESIDENT Name and Title: _____
Address: 807 SE 11 CT Address: _____
FT LAUDERDALE, FL 33316 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ 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: NICOLE BARRETT

Address: 807 SE 11 CT
FT LAUDERDALE, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOE A. REYES, CPA

Address: 6701 SUNSET DR, STE 100
MIAMI, FL 33143

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 days prior or 90 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

N Barrett
 Required Signature/Registered Agent

1/16/19
 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.

[Signature]
 Required Signature/Incorporator

1/16/19
 Date

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