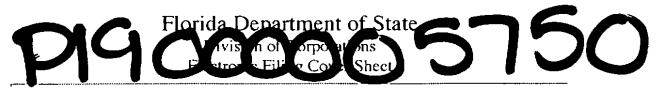
1/11/2019

Division of Corporations



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(((H19000013572 3)))



H190000135723ABC

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 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.

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

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17-6381 1/15/2019 11:48:03 AM PAGE 1/001 Fax Server 850-617-6381

4

January 15, 2019

FLORIDA DEPARTMENT OF STATE

LEGALINC CORPORATE SERVICES INC. Division of Corporations

SUBJECT: SUNSHINE SPEECH THERAPY CENTER CORP.

REF: W19000005137

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Carlos E Rico Regulatory Specialist II New Filing Section

FAX Aud. #: H19000013572 Letter Number: 319A00001129 To: 18506176381 From: 14694451465 Date: 01/17/19 Time: 12:28 PM Page: 03/04

(((H190000135723)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM	E SUNSHINE SPEECH THE ration shall be:	ERAPY CENTER CORP.	
ARTICLE II PRIM			
	Principal street address	Mailing ad	dress, if different is:
307 SE 11 CT. F1 1.0	SUDERDALE, FL 33316		

ARTICIE III PURI The purpose for which	the corporation is organized is: SPEECH	THERAPY	
			_
	·		
			:-1
	11 12 12 12 12 12 12 12 12 12 12 12 12 1		2019
APTICLE IV CHA	000		
The number of shares o	<u>RES</u> 1,000 f stock is:		7
			3 77
	AL OFFICERS AND/OR DIRECTORS		
Name and Titl	NICOLE BARRETT, PRESIDENT	Name and Title:	<u> </u>
Address	807 SE 11 CT	Address:	
	FT LAUDERDALE, FL 33316		
	:	Name and Title:	
Address		Address:	
			<u> </u>
Name and Title:		Name and Title:	
Address		Address:	
		-	
			

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To: 18506176381 From: 14694451465 Date: 01/17/19 Time: 12:28 PM Page: 04/04

(((H19000013572 3)))

(((H190000135723)))

Name	e and Title:	Name and Title:		
Address		Address:		
	REGISTERED AGENT			
	d Florida street address (P.O. Box NOT acceptable) NICOLE BARRETT	of the registered agent is:		
Name:	807 SE 11 CT	-		
Address:	FT LAUDERDALE, FL 33316			
	T LACELINGALI, T. J. IV	· -		
ARTICLE VI	II INCORPORATOR			
The name an	d address of the Incorporator is:			
Name:	JOE A. REYES, CPA			
Address.	6701 SUNSET DR. STE 100			
Addition,	MIAMI, FL 33143	_		
		_		
ARTICLE VI	UI EFFECTIVE DATE:			
(If an effectiv	e, if other than the date of filing: we date is listed, the date must be specific and cans	iot be more than five days prior or 90 days after the		
filing.)				
	date inserted in this block does not meet the applicable's effective date on the Department of State's records	te statutory filing requirements, this date will not be listed as		
	named as registered agent to accept service of proce c, I am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity		
11	Smarrett	1/16/19		
	Required Signature/Registered Agent	Date		
	document and affirm that the facts stated herein ar he Depa <u>rtme</u> nt of State constitutes a third degree felo	e true. I am aware that the false information submitted in a		
MALIAKAI 101	Dian Constitution of State Constitution of the	1/16/19		
R	cource Scientific Incorporator	Date		