

P20 000048267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

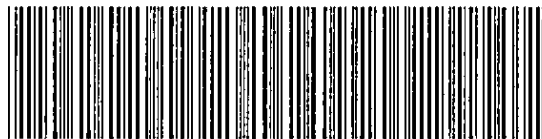
(Business Entity Name)

(Document Number)

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

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FALL RIVER, MA 01937

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MIAMI, FL 33175  
Phone: 305-444-4994  
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Alberto Speech Therapy Inc.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**ARTICLES OF INCORPORATION  
OF  
ALBERTO SPEECH THERAPY INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**Article I - Name**

The name of the corporation shall be:

**ALBERTO SPEECH THERAPY INC**

**Article II - Principal Office**

The principal place of business shall be:

17901 NW 82<sup>ND</sup> AVE  
HIALEAH, FL 33015

**Article III - Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**ONE THOUSAND (1,000)**

**Article IV - Purpose**

To carry on and engage in any lawful business.

**Article V - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

MILENA ZAMBRANA  
17901 NW 82<sup>ND</sup> AVE  
HIALEAH, FL 33015

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CLERK OF DISTRICT COURT  
JUL 1 2020

## Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

Name	Title	Address	Shares
MILENA ZAMBRANA	PRESIDENT, VICE PRESIDENT, SECRETARY	17901 NW 82 <sup>ND</sup> AVE HIALEAH, FL 33015	100%

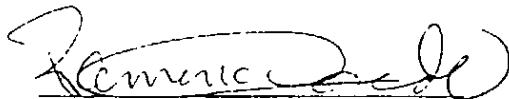
## Article VII – Directors

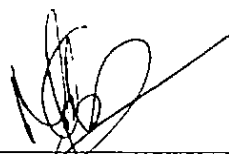
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

23 day of June 2020

  
WITNESS:

  
\_\_\_\_\_  
MILENA ZAMBRANA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: **ALBERTO SPEECH THERAPY INC**

2. The name and address of the registered agent and office is:

MILENA ZAMBRANA  
17901 NW 82<sup>ND</sup> AVE  
HIALEAH, FL 33015

During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
x \_\_\_\_\_ (Seal)  
MILENA ZAMBRANA