

P21000001945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

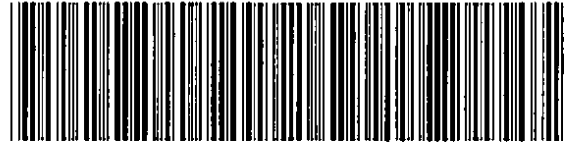
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2021 JAN 11 AM 8:17

2020 JAN 11 PM 4:00

CLY
TALL
FLORIDA

al
1-12-20

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/8/2021

PRIORITY Routine

OUR REF. # (Order ID#) 881926

ORDER ENTITY

THE SPEECH S.P.O.T. OF SOUTH FLORIDA INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

THE SPEECH S.P.O.T. OF SOUTH FLORIDA INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2021 JAN 11 AM 8:17

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: THE SPEECH S.P.O.T. OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10730 SW 50th Street
Cooper City, Florida 33328

Mailing address, if different is:
10730 SW 50th Street
Cooper City, Florida 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the practice of speech language pathology.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jami Saltiel Genson, President

Name and Title: _____

Address 10730 SW 50th Street

Address: _____

Cooper City, Florida 33328

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: Jami Saltiel Genson
Address: 10730 SW 50th Street
Cooper City, Florida 33328

ARTICLE VII INCORPORATOR

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

Name: Jami Saltiel Genson
Address: 10730 SW 50th Street
Cooper City, Florida 33328

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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 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

Jami Saltiel Genson
Required Signature/Registered Agent

12/15/2020

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.

Jami Saltiel Genson
Required Signature/Incorporator

Date 12/15/2020