

P220000002332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

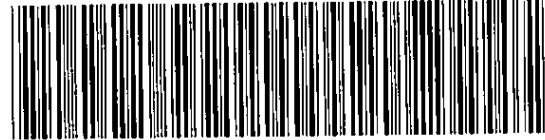
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MELISSA EP, PEDIATRIC SLP, INC.

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

171 Ponder's Printing • Thomaston, GA 30456

____ Art of Inc. File _____
____ LTD Partnership File _____
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____ RA Resignation _____
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____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
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COVER LETTER

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

SUBJECT: Melissa EP, Pediatric SLP, 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: Earl Bagan

Name (Printed or typed)

12001 NW 5th Street

Address

Plantation, FL 33325

City, State & Zip

(954) 665-6326

Daytime Telephone number

melissa.english.planz@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: Melissa EP, Pediatric SLP, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>11233 Thyme Drive</u> <u>Palm Beach Gardens, FL 33418</u>	Mailing address, if different is: (same) <u></u> <u></u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Melissa P. English, P/D</u> Address: <u>11233 Thyme Drive</u> <u>Palm Beach Gardens, FL 33418</u>	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____

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2022 JAN 11 PM 1:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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: Melissa P. English

Address: 11233 Thyme Drive

Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa P. English

Address: 11233 Thyme Drive

Palm Beach Gardens, FL 33418

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

Melissa English

Required Signature/Registered Agent

1/11/2022

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.

Melissa English

Required Signature/Incorporator

1/11/2022

Date