

P22000065952

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

From:  
Account Name : JABBASH LLC  
Account Number : I20220000113  
Phone : (407)434-0012  
Fax Number : (321)577-1025

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

Email Address: BlessedTeaminfo@protonmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE READING DOCTOR, CORP.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2022 AUG 23 PM 4:43

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**COVER LETTER**

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

**SUBJECT: THE READING DOCTOR, CORP.**

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: Lesbia Segura**

Name (Printed or typed)

**3321 S ORANGE BLOSSOM TRAIL #206**

Address

**Kissimmee, FL 34746**

City, State & Zip

**407-434-0012**

Daytime Telephone number

**BlessedTeaminfo@protonmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FL

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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: THE READING DOCTOR, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

949 STELLE AVEALTAMONTE SPRINGS, FL 32701**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: CYNTHIA SWEENEY, P

Name and Title: \_\_\_\_\_

Address 949 STELLE AVE

Address: \_\_\_\_\_

ALTAMONTE SPRINGS, FL 32701

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: Lesbia Segura  
 Address: 3321 S ORANGE BLOSSOM TRAIL #206  
Kissimmee, FL 34746

**ARTICLE VII INCORPORATOR**

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

Name: Lesbia Segura  
 Address: 3321 S ORANGE BLOSSOM TRAIL #206  
Kissimmee, FL 34746

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 23, 2022 (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.)

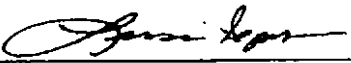
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 Required Signature/Registered Agent

August 23, 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.*

  
 Required Signature/Incorporator

August 23, 2022  
 Date

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 TALLAHASSEE, FL  
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