

P22000069256

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : XOTCHILTH VALDIVIA
Account Number : I20220000026
Phone : (305)332-1478
Fax Number : (305)456-4563

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MARIA ALMONTE SPEECH THERAPY CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 SEP -8 AM 8:06

ACTION
FACIAL
CLOCK

2022 SEP -8 AM 3:59

COVER LETTER

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

SUBJECT: _____ MARIA ALMONTE SPEECH THERAPY 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 ☐ \$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: _____ MARIA ALMONTE
Name (Printed or typed)

10401 W BROWARD BLVD APT 403
Address

PLANTATION, FL 33324
City, State & Zip

954-404-0396
Daytime Telephone number

MARIA27ALMONTE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

2012 SEP -8 AM 3:59

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: MARIA ALMONTE SPEECH THERAPY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10401 W BROWARD BLVD APT 403
PLANTATION, FL 33324

10401 W BROWARD BLVD APT 403
PLANTATION, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA ALMONTE - PRESIDENT

Name and Title: _____

Address 10401 W BROWARD BLVD APT 403
PLANTATION, FL 33324

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2009 SEP -8 AM 4:00

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: MARIA ALMONTE
Address: 10401 W BROWARD BLVD APT 403
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA ALMONTE
Address: 10401 W BROWARD BLVD APT 403
PLANTATION, FL 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/06/2022 (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
Date 09/06/2022

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
Date 09/06/2022

2022 SEP -8 AM 4:00