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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KOTCHILTH 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
ONE STEP AT A TIME SPEECH THERAPY CORP**

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

2022 SEP -8 AM 8:07

NOT
RECEIVED
SEP 7 2022

2022 SEP -8 AM 4:00

COVER LETTER

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

SUBJECT: ONE STEP AT A TIME 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: MICHELLE GALVAN
Name (Printed or typed)

8472 NW 168TH STREET
Address

HIALEAH, FL 33016
City, State & Zip

305-766-1474
Daytime Telephone number

MGALVAN1091@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

SEP 07 2008
AM 4:00

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: ONE STEP AT A TIME SPEECH THERAPY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8472 NW 168TH STREET
HIALEAH, FL 33016

8472 NW 168TH STREET
HIALEAH, FL 33016

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: MICHELLE GALVAN - PRESIDENT Name and Title: _____

Address 8472 NW 168TH STREET Address: _____
HIALEAH, FL 33016 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SEP-8 00:14:00

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: MICHELLE GALVAN - PRESIDENT
 Address: 8472 NW 168TH STREET
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELLE GALVAN - PRESIDENT
 Address: 8472 NW 168TH STREET
HIALEAH, FL 33016

2022 SEP -8 AM 4:00

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:

Michelle Galvan 09/06/2022
 Required Signature/Registered Agent 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.

Michelle Galvan 09/06/2022
 Required Signature/Incorporator Date