# P95000017106

### TRANSMITTAL LETTER

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

SUBJECT: Suncoast Speech Therapy The.
(Proposed corporate name · must include sulfix)

Enclosed is an origina for:	l and one (1) co	py of the articles of	incorporation and a	check
= \$70.00 Filing Fac	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	<u>Kath</u>	ryn O'Kee.f.	<u>e</u>	
	2717	Seville Blvd.	#8203	
		<u>JOHER, FL. 3L</u> ity, State & Zip		
	(813) 89 Daytim	2-0790 e Telephone number	7,000,00 -03/01/95 	1418727  -0103 005  5  ++++78.75

R. CHESSER MAD 1 1995

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: Suncoast Speech Therapy Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2717 Seville Blvd. #8203 Clearwater, FL. 34624-1169

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: NO Stock at this time.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathryn O'Keefe 2717 Seville Blvd. #8203 Clearwater, FL. 34624-1169

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(as) of the Incorporator(s) to these Articles of Incorporation Is(ara):  Kathyun O'Keefe 2717 Seville Blvd. #8203  Clearwater, FL. 34624-1169
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  23 <sup>rd</sup> day of February 1995.
Hathripa O'Kecke Signature

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Succoast Spee	ich Therapy Inc
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2. The name and address of the registered agent and office is:	1
Kathyn Okeefe	1 6 6 0
2717 Seville Blvd. #8203 (P.O. Box not acceptable)	
Clearwater, FL. 34624-1169 (City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to accin this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kathryn D'Koede 2/23/95 (Date)