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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 : MEDICAL BILLING CONSULTANTS, INC.
 Account Number : I20200000206
 Phone : (305)463-6690
 Fax Number : (305)463-6693

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
Talkingsmiles Speech Therapy Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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SPEECH AND LANGUAGE

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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: Talkingsmiles Speech Therapy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7350 W 16TH AVE

Hialeah, FL 33014

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deidy Martin

Name and Title: _____

Address: 7350 W 16TH AVE

Address: _____

Hialeah, FL 33014

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SPEECH AND LANGUAGE

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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: Deidy Martin
 Address: 7350 W 16TH AVE
Hialeah, FL 33014

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Deidy Martin
 Address: 7350 W 16TH AVE
Hialeah, FL 33014

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

Deidy Martin

Required Signature/Registered Agent

1/7/21
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.

Deidy Martin

Required Signature/Incorporator

1/7/21
Date