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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG 18 AM 10:24

*κ* 08/25/16

**COVER LETTER**

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

SUBJECT: Osalinas Behavior Services, Inc  
(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: Oswaldo Salina  
Name (Printed or typed)

20305 SW 122 Ave Apt 106  
Address

Miami, FL 33177  
City, State & Zip

(786) 306-4539  
Daytime Telephone number

Oswaldosalina05@yahoo.es  
E-mail address: (to be used for future annual report notification)

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

**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: Osalinas Behavior Services, inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

20305 SW 122 Ave apt 10e  
Miami, FL 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful Business.

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**ARTICLE IV SHARES**

The number of shares of stock is: 50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Oswaldo Salinas, President Name and Title: \_\_\_\_\_

Address 20305 SW 122 Ave Address: \_\_\_\_\_  
Apt 10e  
Miami, FL 33177

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

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

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

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

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: Oswaldo Salinas  
 Address: 20305 SW 122 AVE APT 100  
Miami FL 33177

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Oswaldo Salinas  
 Address: 20305 SW 122 AVE APT 100  
Miami FL 33177

**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 business days prior or 90 business 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*

X [Signature] \_\_\_\_\_ 8/12/14  
 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.*

X [Signature] \_\_\_\_\_ 8/12/14  
 Required Signature/Incorporator Date