

# PI9000067257

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000258231 3)))



H190002582313ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 AUG 28 PM 2:04

FILED

**\*\*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  
ADA'S BEHAVIOR THERAPY SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Ada's Behavior Therapy Services Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3401 SW 149 Ave Miami FL 33185

SECRETARY OF STATE  
CALL AN ASSISTANT

2019 AUG 28 PM 2:04

FILED

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Adaibys Izquierdo Acosta (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

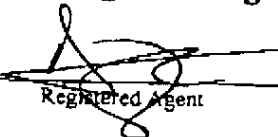
Adaibys Izquierdo Acosta  
3401 SW 149 Ave Miami FL 33185

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Adaibys Izquierdo Acosta  
3401 SW 149 Ave Miami FL 33185

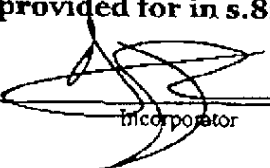
**Required Signatures:**

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

  
 \_\_\_\_\_  
 Registered Agent

08/26/2019  
 \_\_\_\_\_  
 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.

  
 \_\_\_\_\_  
 Incorporator

08/26/2019  
 \_\_\_\_\_  
 Date

**FILED**  
 2019 AUG 28 PM 2:04  
 SECRETARY OF STATE  
 HALL AND ASSESSOR GENERAL