

P22000067419

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : PREMIER ADVISORY GROUP INC  
Account Number : I20200000085  
Phone : (305)370-9567  
Fax Number : (305)675-0551

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: G.castilla@premieradvisorygroup.us

2022 AUG 29 AM 7:55  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
ABA SERVICES ASSOCIATES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
22 AUG 29 AM 4:13  
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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: ABA SERVICES ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1545 NW 8TH TER MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE BEHAVIORAL THERAPY SERVICES AND RELATED ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL SANCHEZ REYES - PRES. Name and Title: LISSET GOMEZ - VP

Address: 1545 NW 8TH TER Address: 1545 NW 8TH TER

MIAMI, FL 33125 MIAMI, FL 33125

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

PREMIER ADVISORY GROUP INC  
 Name: \_\_\_\_\_  
 8300 W FLAGLER STREET STE 254-E  
 Address: \_\_\_\_\_  
 MIAMI, FL 33144  
 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

GUILLERMO CASTILLA-ROSELL  
 Name: \_\_\_\_\_  
 8300 W FLAGLER STREET STE 254-E  
 Address: \_\_\_\_\_  
 MIAMI, FL 33144  
 \_\_\_\_\_

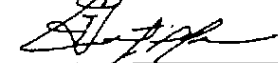
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: AUG 24, 2022. (OPTIONAL)

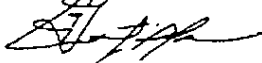
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

*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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

\_\_\_\_\_ Date  
 AUG 26, 2022

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 22 AUG 9 AM 4:14  
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