

P22000080304

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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2022 OCT 20 AM 3:30

2022 OCT 20 PM 4:50

FLORIDA PROFIT/NON PROFIT CORPORATION HEIDY'S ABA THERAPY 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:

Heidy's ABA THERAPY CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1710 SW 154 PATH
Miami FL 33185

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Heidy C MARTINEZ P
SANDRA SANTANA VP

03:14:07 PM 10/21/2022

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

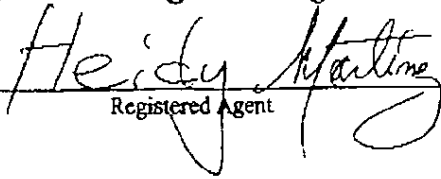
Heidy C MARTINEZ
1710 SW 154 PATH
Miami FL 33185

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

Heidy C MARTINEZ
1710 SW 154 PATH
Miami FL 33185

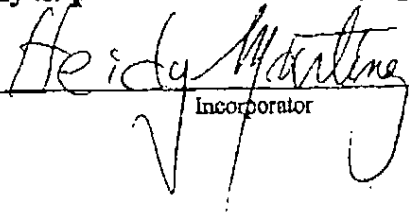
Required Signatures:

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 _____ 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 _____ Date

2022 OCT 20 AM 3:30