

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 517-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA  
Account Number : 076424000767  
Phone : (305) 442-3334  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: charlierager2013@gmail.com

FLORIDA LIMITED LIABILITY CO.  
APPLIED BEHAVIOR ANALYSIS & EDUCATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2019 MAY 31 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: APPLIED BEHAVIOR ANALYSIS & EDUCATION LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CARLOS R. LOPEZ  
8810 FONTAINEBLEAU – APT. 217  
MIAMI, FLORIDA 33172-4455  
charlieroger2013@gmail.com**

For further information concerning this matter, please call:

Carlos R. Lopez - Telephone: 305-898-9050

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: **APPLIED BEHAVIOR ANALYSIS & EDUCATION LLC.**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

8810 Fontainebleau Blvd.-Apt.217  
Miami, Florida 33172-4455

**Mailing Address:**

8810 Fontainebleau Blvd.-Apt.217  
Miami, Florida 33172-4455

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is Carlos R. Lopez, 8810 Fontainebleau Blvd., Apt. 217, Miami, Florida 33172-4455.

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Carlos R. Lopez, Registered Agent

**ARTICLE IV – MANAGER/DIRECTORS****Title:**

MGR

**Name and Address**

Carlos R. Lopez  
8810 Fontainebleau Blvd. – Apt. 217  
Miami, Florida 33172-4455

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TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

CARLOS P. LOPEZ

Type or printed name of signee

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