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SECRETARY OF STATE
TALLAHASSEE ET COMM.

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TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCL	ODE SUFFIX
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation an	d a check for:
	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Laura II	(Printed of typed)	
÷	1871_Kin	smere Dr Address	
	Trinity	FL 346!	ī5
	(727) 3	75-1777 Telephone number	

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:	
Casper Behavior Approaches Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
1871 Kinsmere Dr Traity, FL 34655 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Behavior Analysis services to families with	special needs
ARTICLE IV SHARES The number of shares of stock is: 2,500	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	-
Laura J. Casper Pres.	
1871 Kinsmere Dr	
(15024, FL 34655	
	SE SE
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	CR SR SR
The <u>name and Florida street address</u> of the registered agent is:	TAR
Laura J. Casper 1871 Kinsmere Dr	SEE OF THE
	EF, FL
ARTICLE VII INCORPORATOR	.02 <u>T</u> %
The name and address of the Incorporator is:	₽H 2
Laura J. Casper	
1871 Kinsmere Or	
Trinity, FL 34655	
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
Jenna & lagen Lavra J Casper	0-9-03
Signature/Registered Agent	Date

efter Laura J Casper

10-9-03 Date