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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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# TRANSMITTAL LETTER

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

| SUBJECT: Light Houses Behavioral and Habilitation Services, Inc. |                                     |                            |                                       |  |
|--|-------------------------------------|----------------------------|---------------------------------------|--|
| School   | (PROPOSED CORPORA)                  | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)                           |  |
| Enclosed are an ori  | ginal and one (1) copy of the artic | les of incorporation and   | a check for:                          |  |
| □ \$70.00  | <b>☑</b> \$78.75                    | <b>□</b> \$78.7 <i>5</i>   | <b>□</b> \$87.50                      |  |
| Filing Fee   | Filing Fee                          | Filing Fee                 | Filing Fee,                           |  |
| Timing rec   | & Certificate of Status             | & Certified Copy           | Certified Copy                        |  |
|  | & Certificate of Status             | & Certified Copy           | & Certificate of                      |  |
|  |                                     |                            | *                                     |  |
|  |                                     |                            | Status                                |  |
|  |                                     | ADDITIONAL CO              | PPY REQUIRED                          |  |
| FROM: J  | osely Barrial                       |                            | 1                                     |  |
|  | Name (                              | Printed or typed)          |                                       |  |
|  | 1865 79th Causeway #4F              |                            | <u> </u>                              |  |
|  | A                                   | ddress                     |                                       |  |
|  | North Bay Village, FL 3314          | 1                          | r<br>F                                |  |
|  | City, State & Zip                   |                            | · · · · · · · · · · · · · · · · · · · |  |
|  | 305-861-0452 / 305-302-80           |                            | ·<br>·<br>·                           |  |
| Daytime 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:

Light Houses Behavioral and Habilitation Services, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1865 79th Causeway #4F North Bay Village, FL 33141

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Behavior Analysis and Habilitation Services

# ARTICLE IV SHARES

The number of shares of stock is:

One hundred shares @ \$1.00 par value

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Josely Barrial - President

1865 79th Causeway #4F

North Bay Village, FL 33141

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Josely Barrial

1865 79th Causeway #4F

North Bay Village, FL 33141

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Josely Barrial

1865 79th Causeway #4F

North Bay Village, FL 33141

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Tam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

9 114(02) Date

9/14/03

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SECRETARY OF STATION AND AND ADDRESS OF STATION