

PO9000088824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

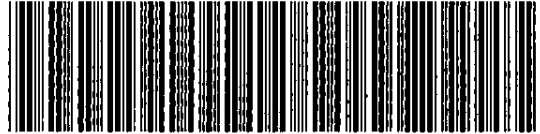
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/09--01043--005 **87.50

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09 OCT 26 AM 9:19
CLERK OF COURT

NR
10-28-09

COVER LETTER

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

SUBJECT: A B A Therapy Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Kyla Cormier
Name (Printed or typed)

12801 Nightshade Place
Address

Bradenton, FL 34202
City, State & Zip

941-993-5314
Daytime Telephone number

kycormier@gmail.com
E-mail address: (to be used for future annual report notification)

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: A B A Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12801 Nightshade Place, Bradenton, FL 34202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kyla Cormier, 12801 Nightshade Place, Bradenton, FL 34202 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

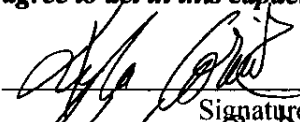
Kyla Cormier, 12801 Nightshade Place, Bradenton, FL 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kyla Cormier
12801 Nightshade Place
Bradenton, FL 34202

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



Signature/Registered Agent



Signature/Incorporator

10/21/09
Date

10/21/09
Date

FILED
OCT 26 AM 9 19
09