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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION ABA THERAPY SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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S. GILBERT

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บาวขบบบธีวัช55

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

·	1
ARTICLE I NAME: The name of the corporation is:	
ABA THERAPY SERVICES, INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	ļ
	i
10475 SW 129 Pl. #405 PS 5	, Y
Migmi FL 33183	1
ARTICLE III SHARES: The number of shares of stock is: 100 = 3	f
	444
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Humberto J Valladares Fragoso (P)	
Humberto J. Valladares Fragoso (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Humberto J. Valladares Fragoso	
6475 Sw. 129 PL #405	
Migmi FL 33183	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Humberto J. Valladares Fragoso	
64.75 S.W. 129 PL #405	
Miami FL 33183	

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

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.