

P/6000070/04

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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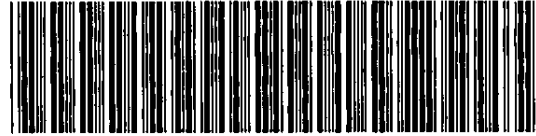
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/16--01020--008 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 18 AM 10:24

✓ 08/25/16

COVER LETTER

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

SUBJECT: Osalinas Behavior Services, 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: Oswaldo Salina
Name (Printed or typed)

20305 SW 122 Ave Apt 104
Address

Miami, FL 33177
City, State & Zip

(786) 306-4539
Daytime Telephone number

Oswaldosalina05@yahoo.es
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: Osalinas Behavior Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2030S SW 122 Ave apt 10e
Miami, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful Business.

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ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oswaldo Salinas, President Name and Title: _____

Address 2030S SW 122 Ave Address: _____
Apt 10e
Miami, FL 33177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Oswaldo Salinas

Address: 20305 SW 122 Ave APT 100
Miami FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oswaldo Salinas

Address: 20305 SW 122 Ave apt 100
Miami FL 33177

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X [Signature]

Required Signature/Registered Agent

8/12/14
Date

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.

X [Signature]

Required Signature/Incorporator

8/12/14
Date