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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (950) 617-6381

From:
Account Name : FASTKIT CORP
Account Number : I2015C000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PROFESSIONAL BEHAVIOR SOLUTIONS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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D O'KEEFE

SEP 22 2017

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

ARTICLE I NAME PROFESSIONAL BEHAVIOR SOLUTIONS, CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Mailing address, if different is: _____

18340 NW 57 AVE A-106

SAME

HIALEAH, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PROVIDE BEHAVIOR ANALYSIS SERVICES AND TO TRANSACT ANY AND ALL BUSINESS PERMITTED

UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND UNDER THE LAWS OF THE STATE OF

FLORIDA.

ARTICLE IV SHARES 10 SHARES OF \$50.00 EACH
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARILYN HERNANDEZ, PRESIDENT

Name and Title: _____

Address 18340 NW 57 AVE A-106

Address: _____

HIALEAH, FLORIDA 33145

Name and Title: LIUDY RODRIGUEZ, VP

Name and Title: _____

Address 3661 SW 23 TERR

Address: _____

MIAMI, FLORIDA 33145

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: CARILYN HERNANDEZ

Address: 18840 NW 57 AVE A-106

HIALEAH, FLORIDA 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARILYN HERNANDEZ

Address: 18840 NW 57 AVE A-106

HIALEAH, FLORIDA 33015

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 days prior or 90 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

Required Signature/Registered Agent

09/18/2017
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.817.135, F.S.

Required Signature/Incorporator

09/18/2017
Date