

**P18000022557**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000078083 3)))



H180000780833ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (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.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
DIVISION OF STATE  
FALL AHAASSEE, FLORIDA

18 MAR -9 PM 3:55

FILED

RECEIVED

2018 MAR -9 PM 3:45

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AUTIE BEHAVIOR SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

MAR 12 2018

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Autie behavior Services Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

820 NW 87 Ave Apt 105  
Miami Florida 33172RECEIVED  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

18 MAR - 9 PM 3:55

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yamila Autie Castro (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yamila Autie Castro  
820 NW 87 ave Apt 105  
Miami FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yamila Autie Castro  
820 NW 87 ave Apt 105  
Miami FL 33172

H18000078083

**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

  
\_\_\_\_\_  
Registered Agent\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

FILED  
18 MAR -9 PM 3:55  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

H18000078000