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**FLORIDA PROFIT/NON PROFIT CORPORATION
PEDIATRIC ABA 6 INC**

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I - NAME

The name of the corporation shall be:

PEDIATRIC ABA & INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1010 E SILVER SPRINGS BLVD UNIT L
OCALA, FL 34470

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED (500) SHARES OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WANDY CACERES
1010 E SILVER SPRINGS BLVD UNIT L
OCALA, FL 34470

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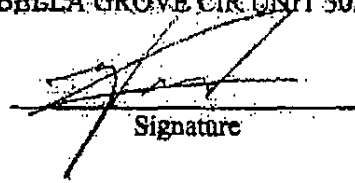
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ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are) :

WANDY GACERES 16401 SW 72ND TERRACE MIAMI, FL 33193
CARLOS PORTELA 8349 BELLA GROVE CIR UNIT 302 SARASOTA, FL 34243


Signature

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ARTICLE VI - DIRECTOR(S)

The name, title and address of the office(s) of this corporation shall be:

(President) WANDY GACERES 16401 SW 72ND TERRACE MIAMI, FL 33193

(Vice-President) CARLOS PORTELA 8349 BELLA GROVE CIR UNIT 302 SARASOTA, FL 34243

(Secretary) WANDY GACERES 16401 SW 72ND TERRACE MIAMI, FL 33193

(Treasurer) CARLOS PORTELA 8349 BELLA GROVE CIR UNIT 302 SARASOTA, FL 34243

(Director) WANDY GACERES 16401 SW 72ND TERRACE MIAMI, FL 33193
CARLOS PORTELA 8349 BELLA GROVE CIR UNIT 302 SARASOTA, FL 34243

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Registered Agent Signature
WANDY GACERES

DATE: 04/10/18

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