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FAX No.

P. 001

4/30/2019

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**DANY'S ANGELS BEHAVIOR ANALYSIS SERVICES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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J DENNIS

MAY 01 2019

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**DANY'S ANGELS BEHAVIOR ANALYSIS SERVICES INC  
The name of the corporation shall be: \_\_\_\_\_**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is: \_\_\_\_\_

15745 SW 82nd ST

MIAMI, FL 33193

**ARTICLE III PURPOSE**THE PURPOSE FOR THIS ENTITY IS TO PROVIDE SERVICES  
The purpose for which the corporation is organized is: \_\_\_\_\_  
FOR AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES BEHAVIOR ANALYSIS  
SERVICES, REGISTERED BEHAVIOR TECHNICIAN, OCCUPATIONAL THERAPY SPEECH THERAPY.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**100  
The number of shares of stock is: \_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maria Elena Gonzalez Galan (P)

Name and Title: \_\_\_\_\_

Address 15745 SW 82nd ST

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

MIAMI, FL 33193

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Elena Gonzalez Galan  
 Address: 15745 SW 82nd STREET  
MIAMI, FL 33193

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maria Elena Gonzalez Galan  
 Address: 15745 SW 82nd STREET  
MIAMI, FL 33193

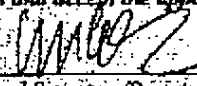
ARTICLE VIII EFFECTIVE DATE:

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

4/27/19  
 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.*

  
 Required Signature/Incorporator

4/27/19  
 Date