

10/2/2019

P19000074192

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.

((H19000293739 3)))



H190002937393ABCA

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 : FLORIDA MULTISERVICES, INC.
Account Number : I20150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

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

Email Address: flmultiservices@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALONSO'S BEHAVIOR CONSULTING, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

H19000293739 3

FILED
DIVISION OF STATE
DIVISION OF CORPORATIONS
19 OCT -2 PM 3:13

2019 OCT -2 PM 1:27

H14000293739 3

COVER LETTER

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

SUBJECT: ALONSO'S BEHAVIOR CONSULTING, CORP.

(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: LEIDY L. ALONSO
Name (Printed or typed)

600 NW 6TH STREET APT 1407
Address

MIAMI, FL 33136
City, State & Zip

786-409-9828
Daytime Telephone number

FLMULTISERVICES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H14000293739 3

2045

419000293739 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ALONSO'S BEHAVIOR CONSULTING, CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 NW 6TH STREET

APT. 1407

MIAMI, FL 33136

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES ONE HUNDRED SHARES NO PAR VALUE

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEIDY L. ALONSO, PDTS

Address 600 NW 6TH STREET

APT. 1407

MIAMI, FL 33136

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 OCT -2 PM 3:13

419000293739 3

3 of 5

H19000293739 3

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: LEIDY L. ALONSO
Address: 600 NW 6TH STREET APT 1407
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEIDY L. ALONSO
Address: 600 NW 6TH STREET APT 1407
MIAMI, FL 33136

19 OCT -2 PM 3:23
RECEIVED
DIVISION OF CORPORATIONS

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/02/2019. (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

Leidy L. Alonso 10/02/2019
Required Signature/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.

Leidy L. Alonso 10/02/2019
Required Signature/Incorporator Date

H19000293739 3

P190000 74192

190000 93739 3

ALONSO'S BEHAVIOR CONSULTING, CORP.
600 NW 6TH STREET APT. 1407
MIAMI, FL 33136
Phone: 786-409-9828

October 2, 2019

FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of ALONSO'S BEHAVIOR CONSULTING, CORP., Document No. P17000034748 is the same owner of the attached articles of incorporation. I have dissolved the company on September 27, 2019 and have no intent of reopening it.

Thank you for your help in this matter,

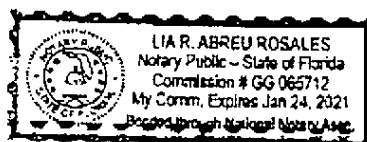
Sincerely yours,

Leidy L. Alonso
Leidy L. Alonso

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, on October 2, 2019, appeared LEIDY L. ALONSO, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.

[Signature]
LIA R. ABREU ROSALES, NOTARY PUBLIC, State of Florida



H19000293739 3

5 of 5

19 OCT - 2 PM 3:13
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS