

P200000095768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

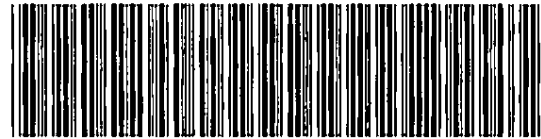
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC -8 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN

DEC 11 2020

COVER LETTER

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

SUBJECT: O'hana Behavior Therapy, Inc
(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: Tatiana Ambrester
Name (Printed or typed)

26400 SW 146 Ct Apt 204
Address

Homestead FL 33032
City, State & Zip

786. 431. 9049
Daytime Telephone number

tambrester@outlook.com
E-mail address: (to be used for future annual report notification)

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

November 04 2020

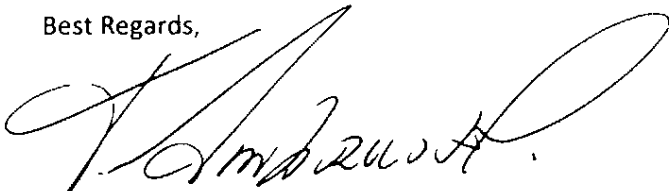
To whom it may concern,

This letter is to state that I Tatiana R. Ambruster is still the registered agent and President of O'hana Behaviour Therapy Inc. (N20000008885).

The purpose of this letter is to change O'hana Behaviour Therapy Inc. from nonprofit of a profit business. Everything else remain the same.

If you have any further question you can contact me at 786-431-9049.

Best Regards,

A handwritten signature in black ink, appearing to read 'T. Ambruster', with a large, stylized loop at the end.

Tatiana Ambruster

tambruster@outlook.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2020

TATIANA AMBRUSTER
26400 SW 146 CT APT 204
HOMESTEAD, FL 33032

SUBJECT: O'HANA BEHAVIOUR THERAPY INC.
Ref. Number: W20000129188

We have received your document for O'HANA BEHAVIOUR THERAPY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 820A00022523

2020 DEC -8 PM 2:54

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: O'hana Behaviour Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

26400 SW 146 CT Apt 204
Hornsteed FL 33032

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To change from non
profit to a profit corporation.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tatiana Ambuster (P) Name and Title: _____

Address 26400 SW 146 CT Apt Address: _____
204 Hornsteed FL
33032

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Tatiana Ambuster

Address: 26400 SW 146 ct Apt 204
Homestead FL 33032

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tatiana Ambuster

Address: 26400 SW 146 ct Apt 204
Homestead FL 33032

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/29/2020 (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

Tatiana Ambuster
Required Signature/Registered Agent

11/4/2020
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.

Tatiana Ambuster
Required Signature/Incorporator

11/4/2020
Date