Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA PROFIT/NON PROFIT CORPORATION NATHALIA'S SERVICES INC

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Corporate Filing Menu

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

IRTICLE IV PURPOSE The purpose for which the corporation is organized is: BEHAVIOR SERVICES  IRTICLE IV SHARES The number of shares of stock is: 100 SHARES  IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: MILAIDYS ROCUBERT Name and Title: The Address 3550 ALTIS CIRCLE NORTH APT Address  PRESIDENT SO  Name and Title: Name and Title: Name and Title: Address Address Address Address: Name and Title: Na		TPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:		
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HIALEAH, FL 33018  PRESIDENT  Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	Name and Title	MI AIDVO DOGUDENT	Name and Title:		
Name and Title:		MILAIDYS ROCUBERT	DT 40 205		
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Address: Address:	Address  Name and Title:  Address	MILAIDYS ROCUBERT  3550 ALTIS CIRCLE NORTH AI  HIALEAH, FL 33018  PRESIDENT	Name and Title:	8 53	

Name and	Title:	Name and Title:			_
Address:		Address:			
		_			
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
Name:	MILAIDYS ROCUBERT				
Address:	3550 ALTIS CIRCLE NORTH APT	10-305			
	HIALEAH, FL 33018				
		<del>-</del>		~ 1	
ARTICLE VII I	NCORPORATOR			2021 FEB	
The name and add	Iress of the Incorporator is:			<del>1</del> 33	٠,
Name:	MILAIDYS ROCUBERT	_		9   8	
Address:	3550 ALTIS CIRCLE NORTH APT	10-305		AM	J.
	HIALEAH, FL 33018	_		တ္တ	آلي:
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Effective date, if o	EFFECTIVE DATE: ther than the date of filing: FEBRUARY 15	, 2021 (OPTIONAL)			
(If an effective da filing.)	te is listed, the date must be specific and cann	ot be more than five days pr	ior or 90 days af	ter the	
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Having been nam this certificate, I a	ed as registered agent to accept service of process on familiar with and accept the appointment as re	ss for the above stated corpora egistered agent and agree to ac	ttion at the place I in this capacity	designat	ed in
CATO.			FEBRUAR'	Y 15, 2	<u>20</u> 21
Required Signature/Registered Agent		<del></del>	Date	5	
I submit this docs document to the L	ment and affirm that the facts stated herein are Department of State constitutes a third degree felo	e (rue. I am aware that the fa ny as provided for in s.817.15	ise information s 5, F.S.	ù brettted	in a
<u></u>	P992		FEBRUARY	15, 20	021
Requir	<u> </u>	Date			

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