

3/10/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : 120200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

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

Email Address: pbbehavior@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION**Professional Behavior Analysis Inc**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

2021 MAR 11 AM 9:38
FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Professional Behavior Analysis Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6105 Memorial Hwy.
Suite A-7Tampa, FL 33615**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Luisa M. Hernandez Lopez/R Name and Title:Address: 6105 Memorial Hwy. Address:Suite A-7Tampa, FL 33615

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

2021 MAR 11 PM 9:39

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: Luisa M. Hernandez Lopez
Address: 6105 Memorial Hwy. Suite A-7
Tampa, FL 33616

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Luisa M. Hernandez Lopez
Address: 6105 Memorial Hwy. Suite A-7
Tampa, FL 33615

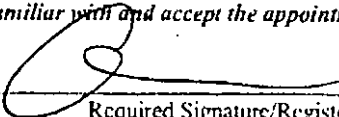
ARTICLE VIII EFFECTIVE DATE:

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 Agent03/10/2021
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/Incorporator03/10/2021
Date