

4/9/2021

P21000032535

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.

((H21000142852 3)))



H210001428523ABCZ

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 : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
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: ABAKidsInCare@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ABA Kids In-Care Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

APR 13 2021

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: ABA Kids In-Care Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3030 Jag Road

Greenacres, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All and any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1

FILED
2021 APR 12 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oswaldo Leyva / P Name and Title: _____

Address: 3030 Jag Road Address: _____
Greenacres, FL 33467

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Oswaldo LeyvaAddress: 3030 Jog RoadGreenacres, FL 33467FILED
2021 APR 12 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Oswaldo LeyvaAddress: 3030 Jog RoadGreenacres, FL 33467**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

Date

04/09/2021*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

Date

04/09/2021