

B21000087556

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.

(((H21000375499 3)))



H210003754993ABC7

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL BEHAVIOR THERAPY SERVICES INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

001

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ALL BEHAVIOR THERAPY SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

565 W 43RD PL565 W 43RD PLHIALEAH, FL 33012HIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: BEHAVIOR THERAPY SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALIN ULLOA

Name and Title: _____

Address 565 W 43RD PL

Address: _____

HIALEAH, FL 33012PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 OCT - 7 PM 2:30
ALL BEHAVIOR THERAPY SERVICES INC

| | |
|-----------------------|-----------------------|
| 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: ALIN ULLOA

Address: 565 W 43RD PL
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALIN ULLOA

Address: 565 W 43RD PL
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: OCTOBER 06, 2021 (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*

X Alin Ulloa

Required Signature/Registered Agent

10/06/2021

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.

X Alin Ulloa

Required Signature/Incorporator

10/06/2021

Date