

10/21/21, 9:55 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GABYALE BEHAVIOR THERAPY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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)

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

Mailing address, if different is:

13440 SW 23 STMIAMI, FL 33175**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GEYSA ESCALONA SANCHEZ (P)

Name and Title: _____

Address 13440 SW 23 ST

Address: _____

MIAMI, FL 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: GEYSA ESCALONA SANCHEZ
Address: 13440 SW 23 ST
MIAMI, FL 33175

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

Name: GEYSA ESCALONA SANCHEZ
Address: 13440 SW 23 ST
MIAMI, FL 33175

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

/s/ Geysa Escalona Sanchez _____
Required Signature/Registered Agent 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.

/s/ Geysa Escalona Sanchez _____
Required Signature/Incorporator Date