

2/22/22, 4:04 PM

Division of Corporations

P22000013569

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.

(((H22000069390 3)))



H220000693903ABC+

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Growing Up Together ABA Therapy Inc

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

FILED

2022 FEB 22 AM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

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

ARTICLE I NAMEThe name of the corporation shall be: Growing Up Together ABA Therapy Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

314 E Althea AveTampa, FL 33612**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: Lozania Lucia Abascal Valdes / P

Name and Title: _____

Address 314 E Althea Ave

Address: _____

Tampa, FL 33612

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 FEB 22 AM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Lozania Lucia Abascal Valdes
 Address: 314 E Althea Ave
Tampa, FL 33612

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Lozania Lucia Abascal Valdes
 Address: 314 E Althea Ave
Tampa, FL 33612

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

02/22/2022

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/Incorporator

02/22/2022

Date

2022 FEB 22 AM 1:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED