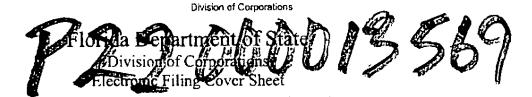
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To:

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.

Emai:	1 Address:	
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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

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Corporate Filing Menu

Help

Page: 3 of 4

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

The name of the corpor	ation shall be: Growing Up Togethe	er ABA Therapy Inc	
ARTICLE II PRIN		Mailing add	ress, if different is:
Tampa, FL 33612			
ARTICLE III PURF The purpose for which	OSE the corporation is organized is:Any and	d all lawful business.	
ARTICLE IV SHAR	<u>ES</u> stock is:1		2022 SEI TALL
	AL OFFICERS AND/OR DIRECTORS e: Lozania Lucia Abascal Valdes / P	Name and Title:	FEB 22 CRE FAR AHASS
Address	314 E Althea Ave	-	E OF S
	Tampa, FL 33612		IATE ORIDA
Name and Title	:	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address			
		,	<u> </u>

Page: 4 of 4

Name a	and Title:	Name and Title:	
Addre		Address:	
			-
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Lozania Lucia Abascal Valdes	<u></u> :	
Address:	314 E Althea Ave		
	Tampa, FL 33612		
ARTICI E VII	INCORPORATOR		
	address of the Incorporator is:		
The irente and t	·		
Name:	Lozania Lucia Abascal Valdes	_	
Address:	314 E Althea Ave	~~	20 TA::
	Tampa. FL 33612		الله 25 ا
			₩
	EFFECTIVE DATE:		SSE 22
Effective date, it	fother than the date of filing:	(OPTIONAL)	m≺ mo r
filing.)	date is listed, the date must be specific and cam		T Z Z Z Z
No. a life of a life	e inserted in this block does not meet the applicab		95 `
the document's	e inserted in this block does not meet the applicable effective date on the Department of State's record	le statutory thing requirements, this d s.	ate will an be listed as
Hawing been not	ned 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 regist	ered agent and agree to act in this cap	acity
	Rb		02/22/2022
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein ar	e true. I am aware that the faise infe	ormation submitted in a
document to the	Department of State constitutes a third degree felo _ /	ny as provided for in s.817.155, F.S.	
	l-b	1	02/22/2022
Required Signati	re/Incorporator	Date	·