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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120008000019

Phone Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION HERNANDEZ ABA THERAPY INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

andez ABA therapy Inc	
ARTICLE II PRINCIPAL OFFIC	CE:
The principal street address and mailing ac	ddress is:
1933 NW 34th ST	
MIAMI FL 33142	
	·
RTICLE III SHARES: The number of shares of stock	ris: 100 SHARES @ 1
ARTICLE IV INITIAL DIRECTORS AND	OR OFFICERS:
ADRIAN M HERNANDEZ DIAZ	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	Ê.A
ARTICLE V INITIAL REGISTERED AGENT AN	
The name and Florida street address (PO Box not acceptable	le) of the registered agen
ADRIAN M HERNANDEZ DIAZ	
1933 NW 34TH ST	<u> </u>
MIAMI FL 33142	
ARTICLE VI INCORPORATOR: The name and ad	dress of the Incorporator
ADRIAN M HERNANDEZ DIAZ	

3052201440

Required Signatures:

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

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.

Incorporator