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**P22000019614**

Division of Corporations  
**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.  
 Account Number : 120200000206  
 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: \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION****I Can Grow 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

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

**ARTICLE I NAME**The name of the corporation shall be: I Can Grow ABA Therapy Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
11701 Twin Maple Pl

Mailing address, if different is:

Tampa, FL 33624**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: 2**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Janet Medina Hernandez / P

Name and Title: \_\_\_\_\_

Address 11701 Twin Maple Pl

Address: \_\_\_\_\_

Tampa, FL 33624Name and Title: Lozania Abascal Valdes

Name and Title: \_\_\_\_\_

Address 314 E Althea Ave

Address: \_\_\_\_\_

Tampa, FL 33612

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Janet Medina Hernandez  
Address: 11701 Twin Maple Pl  
Tampa, FL 33624

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Janet Medina Hernandez  
Address: 11701 Twin Maple Pl  
Tampa, FL 33624

**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  
Date 03/15/2022

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  
Date 03/15/2022

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