

22.11.2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2022

RAYMOND DELGADO  
4750 NW 184TH TERRACE  
MIAMI GARDENS, FL 33055

SUBJECT: HASHTAG THERAPY BEHAVIOR SOLUTIONS INC  
Ref. Number: W22000039852

We have received your document for HASHTAG THERAPY BEHAVIOR SOLUTIONS INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 522A00007216

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Domestication of Hashtag Therapy Behavior Solutions Inc to Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Raymond Delgado

Name (printed or typed)

4750 NW 184th Terrace

Address

Miami Gardens, FL 33055

City, State & Zip

305-301-5971

Daytime Telephone Number

HashtagTherapyinc@gmail.com

E-mail address: (to be used for future annual report notification)

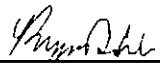
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Raymond Delgado, President  
(Name) (Title)  
of Hashtag Therapy Behavior Solutions Inc, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Hashtag Therapy Behavior Solutions Inc  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is Colorado 06/01/2020
3. The name of the domesticated corporation is Hashtag Therapy Behavior Solutions Inc  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

Insert  
text here

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Hashtag Therapy Behavior Solutions Inc

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address  
4750 NW 184th Terrace, Miami Gardens, FL 33055

Tax ID 85-1256997

Tax ID 85-1256997

Mailing Address  
4750 NW 184th Terrace, Miami Gardens, FL 33055

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide high quality early intervention ABA services to the Autistic community in South Florida

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1500

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Raymond Delgado

4750 NW 184th Terrace, Miami Gardens, FL 33055

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Raymond Delgado  
Signature/Registered Agent

3/1/2022  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: Raymond Delgado, President

Name & Title: \_\_\_\_\_

Address: 4750 NW 184th Terrace,  
Miami Gardens, FL 33055

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

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

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

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

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

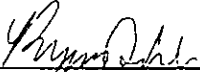
Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

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

**I submit this document and affirm that the facts stated herein are true. I am aware that 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.**

  
\_\_\_\_\_  
Signature/Authorized Person

3/1/2022  
Date