

Division of Corporations

**P22000061856**

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.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
ANA ABA THERAPY SERVICES, INC.

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

2022 AUG -5 PM 12:15  
DIVISION OF CORPORATIONS

HL

2022 AUG -5 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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: ANA ABA therapy Services, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
6090 Aurora Dr
W.P.B, FL, 33413

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO provide ABA therapy

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA M. Rodriguez (President) Name and Title:
Address: 6090 Aurora Dr. W.P.B, FL. 33413 Address:
Name and Title: Name and Title:
Address: Address:
Name and Title: Name and Title:
Address: Address:

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TALLAHASSEE, FLORIDA

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: ANA M. RODRIGUEZ  
 Address: 6090 Aurora dr  
W.P.B, FL. 33413

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANA M. RODRIGUEZ  
 Address: 6090 Aurora dr  
W.P.B, FL. 33413

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/5/22 (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 8/5/22

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 8/5/22