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To:

Division of Corporations

Fax Number : (850)617-6381

From:

3052201440

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

: (305)675-5944

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	:

FLORIDA PROFIT/NON PROFIT CORPORATION OG ABA THERAPY CORP.

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 I NAME: The name of the corporation is:

OG ABA Therapy Corp.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
500 Sw 66th Ave, Miami, FL, 33144	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Obdaniel Godines (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is: Obdanie Godines Show Suppose the control of the registered agent is:	**-
Obdaniel Godines 5	
500 Sw 66th Miami F1 33144	111
	-
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
500 Qui Goth Ave miami Fl	
37144	

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

Registered Agent

Date

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

Late