

P2200007419

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

From:  
Account Name : PREMIER ADVISORY GROUP INC  
Account Number : 120200000085  
Phone : (305)370-9567  
Fax Number : (305)675-0551

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

Email Address: G.castilla@premieradvisorygroup.us

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ABA SERVICES ASSOCIATES INC**

Certificate of Status	0
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**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: ABA SERVICES ASSOCIATES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1545 NW 8TH TER MIAMI, FL 33125**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO PROVIDE BEHAVIORAL THERAPY SERVICES AND  
RELATED ACTIVITIES.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIGUEL SANCHEZ REYES - PRES.Name and Title: LISSET GOMEZ - VPAddress: 1545 NW 8TH TERAddress: 1545 NW 8TH TERMIAMI, FL 33125MIAMI, FL 33125

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

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

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

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

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

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

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\_\_\_\_\_

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

PREMIER ADVISORY GROUP INC

Name: \_\_\_\_\_

8300 W FLAGLER STREET STE 254-E

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

MIAMI, FL 33144

\_\_\_\_\_

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

GUILLERMO CASTILLA-ROSELL

Name: \_\_\_\_\_

8300 W FLAGLER STREET STE 254-E

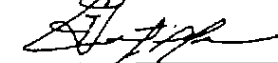
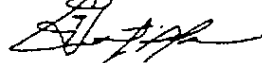
Address: \_\_\_\_\_

MIAMI, FL 33144

\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: AUG 24, 2022 (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*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

AUG 26, 2022

Date \_\_\_\_\_

AUG 26, 2022

Date \_\_\_\_\_

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