

12/29/22, 2:25 PM

Division of Corporations
Florida Department of State
P230000000048

Division of Corporations
Electronic Filing Cover Sheet

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2022 DEC 29 PM 3:19

**FLORIDA PROFIT/NON PROFIT CORPORATION
EMILY ABA THERAPY, INC**

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 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAME

The name of the corporation shall be: EMILY ABA Therapy, Inc

ARTICLE II. PRINCIPAL OFFICE

Principal address

3902 Ast
LAKE WORTH, FL 33461

Mailing address, if different is:

3902 Ast
LAKE WORTH, FL 33461

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: TO work as an ABT

ARTICLE IV. SHARES

The number of shares of stock is: 100

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emily Ybarra (President) Name and Title: _____

Address: 3902 Ast Address: _____

lake worth, FL

33461

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Emily Ybarra
Address: 3902 Ast
LAKE WORTH, FL 33461

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Emily Ybarra
Address: 3902 Ast
LAKE WORTH, FL 33461

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/03/2023 (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:

Emily 12/29/22
Required Signature/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.817.135, F.S.

Emily 12/29/22
Required Signature/Incorporator Date