

3/24/23, 11:25 AM

Division of Corporations

P23000022642

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TAX S PRO CORP
Account Number : I20200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: INFO@TAXSPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
BRIGHT SUMMIT ABA THERAPY CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

02:21:11
2023

FILED
23 MAR 24 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Corporate Filing Menu](#)

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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: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE:

03/23/23

Effective date, if other than the date of filing: _____ (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 **03/23/23**

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

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 TALLAHASSEE, FLORIDA

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: **BRIGHT SUMMIT ABA THERAPY CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2124 NW 24TH TERR
CAPE CORAL, FL 33993

2124 NW 24TH TERR
CAPE CORAL, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT**

Address: **BONACHEA, LETICIA**

Address: _____

2124 NW 24TH TERR
CAPE CORAL, FL 33993

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BRIGHT SUMMIT ABA THERAPY CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: TAX S PRO CORP
Name (Printed or typed)
8030 PINES BLVD
Address
PEMBROKE PINES , FLORIDA 33024
City, State & Zip
786-3072733
Daytime Telephone number
INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

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