

To:

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From: Whole Tax Professional Service Inc

6/23, 4:29 PM

Division of Corporations

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 : WHOLE TAX PROFESSIONAL SERVICES, INC.  
Account Number : I20200000179  
Phone : (786)253-9951  
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
M&LABA THERAPY, CORP

Certificate of Status	0
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H23000130445

## 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:

M &amp; L ABA THERAPY, CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address11843 SW 210<sup>TH</sup> ST  
Miami, FL 33177

Mailing address, if different is:

11843 SW 210<sup>TH</sup> ST  
Miami, FL 33177ARTICLE 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:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Miraida Alvarez Yanes - President

Address

11843 SW 210<sup>th</sup> ST  
Miami, FL 33177

Name and Title:

Address

Name and Title:

Address

Name and Title:

Address

2023 APR - 7 PM 2:46  
TALLAHASSEE FL 32310

H23000130445

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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

Name: Miraida Alvarez Yanes  
 Address: 11843 SW 210<sup>th</sup> ST  
Miami, FL 33177

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Miraida Alvarez Yanes  
 Address: 11843 SW 210<sup>th</sup> ST  
Miami, FL 33177

ARTICLE VIII EFFECTIVE DATE:

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:

[Signature]  
 Required Signature/Registered Agent

4/06/2023

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.

[Signature]  
 Required Signature/Incorporator

4/06/2023

Date

2023 APR 7 PM 12:46  
 TALLAHASSEE, FL ORIO