

Florida Department of State
 Division of Corporations
 Electronic Filing

P23000052680

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000247726 3)))



H230002477263ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I2000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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
 PIECE BY PIECE ABA THERAPY CORP**

RECEIVED
 2023 JUL 14 PM 4:41
 SIGNATURE
 SOCIAL SERVICES

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
 2023 JUL 14 AM 8:07

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

PIECE BY PIECE ABA THERAPY CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5006 Trouble Creek Road, Suite 229, New Port Richey, Florida, 34652

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

SERGIO LASTRA (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SERGIO LASTRA

5006 Trouble Creek Road, Suite 229, New Port Richey, Florida, 34652

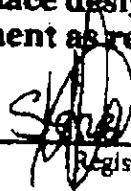
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

SERGIO LASTRA

5006 Trouble Creek Road, Suite 229, New Port Richey, Florida, 34652

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

07/14/23
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

07/14/23
Date