

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SLT ABA THERAPY CORP

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

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CORPORATIONS
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

(In compliance with Chapter 607 (Profit))

ARTICLE I NAME: The name of the corporation is:SLT 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:**YANISEL VENTO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

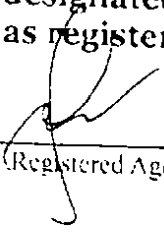
The name and Florida street address (PO Box not acceptable) of the registered agent is:

YANISEL VENTO5006 Trouble Creek Road, Suite 229, New Port Richey, Florida, 34652**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YANISEL VENTO5006 Trouble Creek Road, Suite 229, New Port Richey, Florida, 34652FILED
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HALL COUNTY, FLORIDA

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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

08/28/2023

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.



Incorporator

08/28/2023

Date

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FALL ARIZONA 10:10