

12/12/23, 12:44 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 State of Florida
P23000085130

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**FLORIDA PROFIT/NON PROFIT CORPORATION
 VARGAS ABA THERAPY PRO INC.**

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

T.J.H

12/13/23

Electronic Filing Menu

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: VARGAS ABA THERAPY PRO INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
79 TORTUGA RD
PALM SPRINGS, FL 33461Mailing address, if different is:
79 TORTUGA RD
PALM SPRINGS, FL 33461**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CINDY GONZALEZ VARGAS - P Name and Title: _____Address: 79 TORTUGA RD Address: _____PALM SPRINGS, FL 33461 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 DEC 12 PM 1:03

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: CINDY GONZALEZ VARGAS
 Address: 79 TORTUGA RD
PALM SPRINGS, FL 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CINDY GONZALEZ VARGAS
 Address: 79 TORTUGA RD
PALM SPRINGS, FL 33461

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

Cindy Gonzalez Vargas

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.817.155, F.S.

Cindy Gonzalez Vargas

Required Signature/Incorporator

Date

Signature: _____

(Cindy (Dec 11, 2023 17:15 EST))

Email: glezc711@gmail.com

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