3052201440

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H24000178665 3)))



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 : I20000000019 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 KATIA BEHAVIOR ANALYSIS INC

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
Katia Behavior analysis INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
11755 SW 18th St apt 305		
Miani Florida 33175		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER S.		
Latia Maya Molina (P)		
The state of the s		
702 11.		
HAA HAA		
SSEE SEE		
TO BE		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Katia Maya Holina 11755 SW 18th St ant 305		
11755 SW 184 St apt 305 Hiami. Florida 33175		
- 1011da 3314)		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Latia Moya Molina		
11755 SW 18th st apt 305		
Miani, FLorida 33175		

EIN: 99-3080961

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

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 Elete