

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

9.30.24

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.

((H24000323126 3)))



H240003231263ABCX

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 : GAEL SERVICES CORP
 Account Number : I20230000060
 Phone : (305)903-7797
 Fax Number : (786)615-3110

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

Email Address: ealdana977@gmail.com

RECEIVED

2024 SEP 25 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
 XYZ BEHAVIOR HELPFUL STEPS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

24 SEP 25 AM 10:00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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: XYZ Behavior Helpful Steps INC

ARTICLE II PRINCIPAL OFFICE

9475 NW 16th St rd Apt 312

Mailing address, if different is:

Miami FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Evelyn Aldana - P Name and Title:

Address: 9475 NW 16th St rd Address:

Apt 312

Miami FL 33125

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 25 AM 10:00

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: Evelyn Aldana
Address: 2475 NW 16th St. Apt 312
Miami FL 33125

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Evelyn Aldana
Address: 2475 NW 16th St. Apt 312
Miami FL 33125

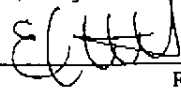
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/23/2024 (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.)

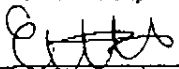
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

9/21/2024
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.


Required Signature/Incorporator

9/21/2024
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 25 AM 10:00