

PO9000088824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

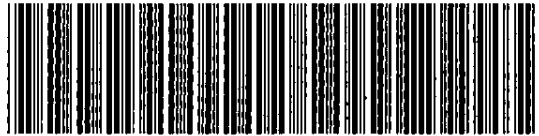
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE
KENTUCKY

ack
10-28-09

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: A B A Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
12801 Nightshade Place, Bradenton, FL 34202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Kyla Cormier, 12801 Nightshade Place, Bradenton, FL 34202 President

ARTICLE VI REGISTERED AGENT

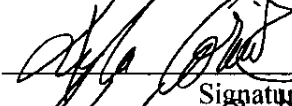
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Kyla Cormier, 12801 Nightshade Place, Bradenton, FL 34202

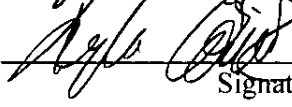
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Kyla Cormier
12801 Nightshade Place
Bradenton, FL 34202

FILED
09 OCT 26 AM 9 19
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MANATEE, FLORIDA

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



Signature/Registered Agent


Signature/Incorporator

10/21/09

Date
10/21/09

Date