

From: Raul Chavez
2/6/25, 6:44 PM

Fax: +1305714306

To: Division of Corporations Fax: +1305714306

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02/07/2025 9:06 AM

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CUSI CONSULTING, INC.
Account Number : I20230000150
Phone : (786)616-3495
Fax Number : (305)714-3014

****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

Harmony ABA Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Harmony ABA Solutions, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7951 Northeast Bayshore Ct, Apt 1802Miami, FL 33138**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: RBT Services**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gisell Machado, President

Name and Title: _____

Address 7951 Northeast Bayshore Ct

Address: _____

Apt 1802Miami, FL 33138

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gisell Machado
Address: 7951 Northeast Bayshore Ct.
Miami, FL 33138

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Gisell Machado
Address: 7951 Northeast Bayshore Ct. Apt 1802
Miami, FL 33138

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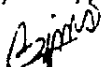
ARTICLE VIII EFFECTIVE DATE:

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.)

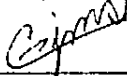
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

02/06/2025
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

02/06/2025
Date