

PH 00006053

Division of Corporations
Electronic Filing Cover Sheet

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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
1st JPA BEHAVIOR MANAGEMENT CLINIC, INC**

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

14 JUL 16 PM 2:30
14 JUL 16 PM 4:37
SECTION OF STATE
TALLAHASSEE, FLORIDA

PH 00006053

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

1st JPA Behavior Management clinic, inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10471 SW 47 st

Miami FL 33165

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Amarilys PEREZ (P)

Aparicio B. Vazquez Lecuna (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Amarilys Perez

10471 SW 47 st

Miami FL 33165

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Amarilys Perez

10471 SW 47 st

Miami FL 33165

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


14 JUL 16 PM 2:30

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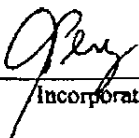
H 140 00 103421

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	7/16/14 _____ Date
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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	7/16/14 _____ Date
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14 JUL 16 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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