

P15 000069559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

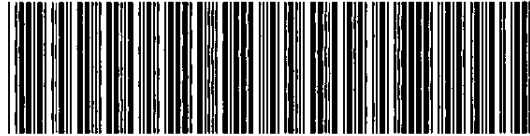
(Business Entity Name)

(Document Number)

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2015 AUG 14 AM 9:22
SECRETARY OF STATE

cc 9/25/15

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: *Brilliant Concepts Behavioral Associates*
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate
of Status

\$78.75
Filing Fee
& Certified
Copy

\$87.50
Filing Fee,
Certified Copy &
Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: **Brilliant Concepts Behavioral Associates, Inc.**

Name (Printed or typed) **Wendy Zeballos**
Address **1557 Pine Marsh Loop**
City, State & Zip **Saint Cloud, Florida 34771**
Daytime Telephone number **407-242-4320**
E-mail address: **Wen123dive@aol.com**

FORM b11111111

Articles of Incorporation

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Article I: **Brilliant Concepts Behavioral Associates, Inc.**

The name of this corporation is The name of the corporation must include a corporate suffix such as Corporation, Corp., Incorporated, Inc., Company, or Co.

Article II:

The principal street address, is **1557 Pine Marsh Loop, Saint Cloud, Florida 34771.**

The mailing address, if different, is (May be a P.O Box)

Article III:

The number of shares of stock that is authorized is **100.**

Article IV:

The names and addresses in the State of Florida of the persons appointed to act as this corporation's initial directors and/or officers are:

Director/Officer 1	Wendy Zeballos
Specific title	President
Address	1557 Pine Marsh Loop
City	Saint Cloud
Florida	Florida
Zip Code	34771

Director/Officer 2
Specific title
Address
City (don't abbreviate)
Florida
Zip Code

Article V:

The name and Florida street address of the registered agent is:

Name **Wendy Zeballos**
Street address **1557 Pine Marsh Loop**
City **Saint Cloud**
Florida **Florida**
Zip Code **34771**

Article VI:

The name and address of the Incorporator is:

Name **Nicole Roberts**
Street address **712 Laurel Way**
City **Casselberry**
Florida **Florida**
Zip Code **32707**

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

8/6/15

Date



Signature/Incorporator

8/6/15

Date