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COVER LETTER

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

_{SUBJECT:} Beh	avioral Education a				
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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 CO	PY REQUIRED		
		(Printed or typed)			
8349 Amber Oak Drive					
0	rlando, FL 32817				
City, State & Zip					
32	21-303-4881				
	Daytime Te	elephone number			
rewright@bearstherapy.com					
E-mail address: (to be used for future annual report notification)					

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME The name of the corpora	tion shall be: Behavioral Educat	tion and Res	search Services, Inc.
ARTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:
8349 Amber O	ak Drive		
Orlando, FL 3	2817		
ARTICLE III PUR	POSE the corporation is organized is:	zed for educa	tion and scientific purposes
	the corporation is organized is:		
	pliance techniques to imp		•
	ecific research will be acco		
ness of applie	d behavioral training on pa	atient outcor	nes. Further the specific
purpose of the	corporation includes, but is	not limited to	o : education and research
for improving outcor	nes of patients with debilitating injuri	es and illnesses	who are at risk for non-compliance.
ARTICLE V INT	rial officers and/or directo ::Robert E. Wright		President/CEO
Address	8349 Amber Oak Drive	Address:	
71447050	Orlando, FL		
Name and Title	Christopher L. Addison	Name and Title	Vice President/COO
Address	8357 Amber Oak Drive	Address:	
	Orlando, FL 32817	_	
Name and Title	Jude Ann Wright	Name and Title	Vice President
Address	8349 Amber Oak Drive	Address:	
Addiess	Orlando, FL 32817	Auuross.	
		_	

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Robert E. Wright	—
Address:	8349 Amber Oak Drive	_
	Orlando, FL 32817	_
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Robert E. Wright	_
Address:	8349 Amber Oak Drive	
	Orlando, FL 32817	_
	ned as registered agent to accept service of proce nm familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Puble worth	July 17, 2013
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	Required Signature/Incorporator	July 17, 2013
	Required Signature Incorporator	Date



Date:

July 17, 2013

To:

Florida Department of State Division of Corporations

From:

Robert E. Wright

Subject:

Release of Name

Section

Legal Structure

Behavioral Education and Research Services, Inc. N08000008762 a Florida Non-profit organization relinquishes the name "Behavioral Education and Research Services".

This corporation, as attested to by the enclosed documents is dissolving as a Florida Non-profit and is concurrently filing documents to create a for-profit corporation that will use the same name.

Should you have any questions please contact me at the number listed below.

Sincerely,

Robert E. Wright, PhD, RN

President/CEO

Behavioral Education and Research Services, Inc.

321-303-4881