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(Address)

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# COVER LETTER

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

**SUBJECT:** Dalia Behavior Service Corp.
**(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: Dalia Maria Suarez
Name (Printed or typed)

1942 NW Flagler Ter.
Address

Miami, FL 33125
City, State & Zip

713-933-5446
Daytime Telephone number

daliasuarez206@gmail.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 corporation shall be: Dalia Behavior Service Corp

***ARTICLE II PRINCIPAL OFFICE***

| Principal **street** address | Mailing address, if different is: |
|---|---|
| 1942 NW Flager Ter. | 1942 NW Flager ter |
| Miami, FL 33125 | Miami, FL 33125 |

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is: Health care

***ARTICLE IV SHARES***
The number of shares of stock is: 100

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: Dalia Maria Suarez — Name and Title:
Address 1942 NW Flager Ter. — Address:
Miami, FL 33125

Name and Title: — Name and Title:
Address — Address:

Name and Title: — Name and Title:
Address — Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Dalia Maria Suarez

Address: 1942 NW Flagler Ter
Miami, FL 33125

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Name: Dalia Suarez

Address: 1942 NW Flagler Ter
Miami, FL 33125

***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 business days prior or 90 business 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***

X _____ 5/10/16

Required Signature/Registered Agent 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.***

X _____ 5/10/16

Required Signature/Incorporator Date