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TALLAHASSEE, FLORIDA

MAY 23 2016

S. GILBERT

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: BehaviorMe, Inc.
(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: Christian Medina
Name (Printed or typed)
10201 SW 221st Street
Address
Cutler Bay, FL 33190
City, State & Zip
(305) 781-6345
Daytime Telephone number
medinachristian8@gmail.com
E-mail address: (to be used for future annual report notification)

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

Original

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

The name of the benefit corporation shall be: BehaviorMe, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

727 East University Avenue, Apt. B
Gainesville, FL 32601

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

to provide individuals the tools to become their own behavior
managers, using the principles of behavior analysis. To encourage
a culture of self-accountability and self-improvement.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Christian Medina

Name and Title: Andrea Villegas

Address: 10201 SW 221st Street
Cutler Bay, FL 33190

Address: 12441 SW 90th Street
Miami, FL 33177

Name and Title: Ana Escalante

Name and Title: Andres Chavez

Address: 727 East University Ave, Apt. B
Gainesville, FL 32601

Address: 727 East University Ave, Apt. B
Gainesville, FL 32601

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Christian Medina

Address: 10201 SW 221st Street
Cutler Bay, FL 33190

ARTICLE VII INCORPORATOR

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

Name: Christian Medina

Address: 10201 SW 221st Street
Cutler Bay, FL 33190

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

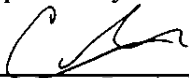


Required Signature/Registered Agent

5/11/16

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

5/11/16

Date