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Florida Department of State
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
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MYM BEHAVIOR THERAPY INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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JAN 03 2013

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MYM Behavior Therapy Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10850 SW 88 ST # 305

Miami, FL 33176

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Marianda Yglesias (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Marianela Yglesias

10850 SW 88 ST #305

Miami FL 33176

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

Marianela Yglesias

10850 SW 88 ST #305

Miami FL 33176

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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

M. Lazarus _____
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.

M. Lazarus _____
Incorporator Date

2013
APR 22 11:11 AM
STATE DEPT

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