



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 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Fma	11	Address	•

FLORIDA PROFIT/NON PROFIT CORPORATION MRS BEHAVIOR SERVICES INC

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
MRS Behavior Services Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
370/ 42 to PKW9 Apt. 1305
370/ Heto DKWY Apt. 1305 Fort Hyers FC: 33916
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
MARIA ROSA Svarez Matias (P) &
SSE 16
8. REAL O
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
2701 Males Bu
FORT MURCE TO APT BOS
Fort Myers FL 33916
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Maria Rosa Svarez Matias
3701 Mero PKWY AP+ 1305
Fort Myers FC 33911
9010

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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

Register & Regent / Incorporator

3/16/18 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.

18 MAR 16 AM 8: 07 SECRETARY OF JULE OF TABLEAHASSEE FLORID