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FLORIDA PROFIT/NON PROFIT CORPORATION ELITE BEHAVIOR SPECIALIST INC.

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

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CLE II PRINCIPAL OF	FFICE l <u>street</u> address		Mailing address, if different is:
	Street address	SAME	
EAH, FL 33018			
CLE III PURPOSE	ANY	AND ALL ALWFUL	BUSINESS
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Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI RI	EGISTERED AGENT		
- 11	rida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	ROYBEL L. ITURRALDE	_ _	
Address:	8942 NW 112 STREET		
- · · · · · · · · · · · · · · · · · · ·	HIALEAH, FL 33018		
ARTICLE VII F	NCORPORATOR	·	
The name and add	ress of the Incorporator is:	•	
Name:	ROYBEL L. ITURRALDE		
Address:	8942 NW 112 STREET		
	HIALEAH, FL 33018		
ARTICLE VIII E	EFFECTIVE DATE:		
Effective date, if of	her than the date of filing: te is listed, the date must be specific and ca	(OPTIONAL)	or or 90 days after the
filing.)	ic is used, the date was be specific and t-	and are any pro	
Note: If the date is the document's offe	nserted in this block does not meet the applicative date on the Department of State's recon	able statutory filing requirements, ds.	this date will not be listed as
Having been name this certificate, I an	ed as registered agent to accept service of pro In familiar with and accept the appointment a	cess for the above stated corpora s registered agent and agree to ac	tion at the place designated in t in this capacity
		Mr.	04/02/2018
u	Required Signature/Registered Agent	The state of the s	Date
I submit this document to the De	ment and affirm that the facts stated herein epartment of State constitutes a third degree j	are true. I am aware that the fa	lse information submitted in a 5, F.S.
	N_{α}		04/02/2018
Require	d Signature/Incorporator		Date