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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
BRAND MART BEHAVIOR HEALTH INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

C RICO  
SEP 18 2010

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:BRAND MATH BEHAVIOR HEALTH INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7171 SW 24 STREET  
MIAMI FL 33155 SUITE 417**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LUIS ENRIQUE NUÑEZ ABSTENGO (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LUIS ENRIQUE NUÑEZ ABSTENGO  
7171 SW 24 ST  
MIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LUIS ENRIQUE NUÑEZ ABSTENGO  
7171 SW 24 ST  
MIAMI FL 33155

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18 SEP 18 AM 9:51  
CLERK  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**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

\_\_\_\_\_  
Registered Agent

09-18-18  
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.

\_\_\_\_\_  
Incorporator

09-18-18  
Date

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