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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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FLORIDA PROFIT/NON PROFIT CORPORATION NJBEHAVIOR CORP Certificate of Status Certified Copy Page Count



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*	ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit) EFFECTIVE 01-01-2019	
	ARTICLE I NAME: The name of the corporation is:	
	NJBehavior Coep	
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	_
	Miami, FL 33175	- 'مر
<u>ART</u>	TCLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: (Tha Maria Gavrhia (P)	
		 -
_		
_		
AR	TICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	
	name and Florida street address (PO Box not acceptable) of the registered age	
_	12962 SW Z7 St	
	Miami, FC 33175	
	LINA MARIA GAVIRIA	
ADT	ICLE VI FNCORPORATOR: The name and address of the Incorporate	
T. W.Y.	ICLE VI INCORPORATOR: The name and address of the Incorporate	or is:
	12962 SW 27 ST	

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

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.