Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (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 BEHAVIOR MANAGEMENT CORP.

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

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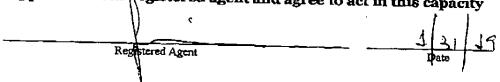
Help

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Behavior Mungement corp.
ARTICLE II PRINCIPAL OFFICE;
The principal street address and mailing address is:
_ 5099 NW 71 St Rot 607
Mirmi +1 33126
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- Vorge Edwards Frias Espinasa (P)
PH :: 09
## (2) ## (2)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Jæge Edvardo Frias Espinasa
5099 NW 7st Apt 607
MIAMI FL. 33126
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Jorge Edvardo Frias Fscinosa
Jorge Edvardo Frias Espinosa 5099 NW 7st Aption
MIANI FI 3312(

## 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.

Incorporator Date