

**P19000069167**

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:

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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  
ZULUETA BEHAVIOR THERAPY, INC.**

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

2019 SEP -9 PM 2:30

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J DENNIS

SEP 10 2019

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

19 SEP - 9 11 AM

**ARTICLE I NAME:** The name of the corporation is:Zulueta Behavior Therapy, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2150 NW 9th apt 504  
Miami FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lilia Maria Perez Perez (P)  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lilia Maria Perez Perez  
2150 NW 9th Apt 504  
Miami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lilia Maria Perez Perez  
2150 NW 9th Apt 504  
Miami, FL 33125

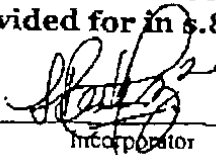
19 SEP -9 AM 10:19

**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\_\_\_\_\_  
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 §.817.155, F.S.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date