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Division of Corporations
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 : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305)887-8730
Fax Number : (305)887-8744

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

Email Address: INFO@ARSTAXES.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 NOV -8 AM 11:23

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTHY BEHAVIOR COMMUNITY SERVICES INC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

((H19000330036 3)))

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HEALTHY BEHAVIOR COMMUNITY SERVICES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FELIX M RODRIGUEZ
Name (Printed or typed)

13270 SW 8TH ST
Address

MIAMI, FL 33184
City, State & Zip

305-890-5466
Daytime Telephone number

INFO@ARSTAXES.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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(((H19000330036 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: HEALTHY BEHAVIOR COMMUNITY SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
13270 SW 8TH ST

Mailing address, if different is:

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FELIX M RODRIGUEZ / PRESIDENT

Name and Title: _____

Address 13971 GERANIUM PL

Address: _____

WELLINGTON, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(((H19000330036 3)))

((H19000330036 3)))

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FELIX M RODRIGUEZ
Address: 13270 SW 8TH ST
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: FELIX M RODRIGUEZ
Address: 13270 SW 8TH ST
MIAMI, FL 33184

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

FEM
Required Signature/Registered Agent

11/8/19
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.

FEM
Required Signature/Incorporator

11/8/19
Date

((H19000330036 3)))