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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 18 PM 4:31

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION BEHAVIOR THERAPY SERVICES, INC.

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

YD
Dec. 19, 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Effective DATE 01 01 2020

ARTICLE I NAME: The name of the corporation is:

Behavior Therapy Services, INC.

ARTICLE II / PRINCIPAL OFFICE:

The principal street address and mailing address is:

2775 W. Okeechobee Rd Lot #39
Hialeah, FL 33010

ARTICLE III **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ARTICLE IV INITIAL DIRECTORS AND/C
Addys Salcines (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Addys Salines
2775 W Okeechobee Rd Lot #89
Hialeah FL 33010

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Addys Salcines
2775 W Okeechobee Rd Lot #39
Hialeah FL 33010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PRESS

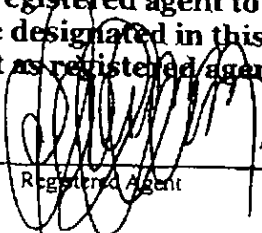
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Required Signatures:

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

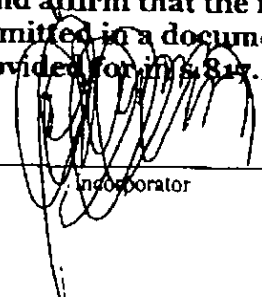


Registered Agent

Date 12/18/2019

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 12/18/2019

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