

P200000001634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6

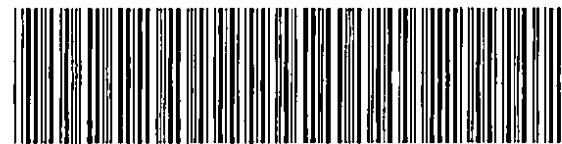
Office Use Only

M SIMMONS

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2020-01-08 10:18



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12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. M.A.V.Y Behavior Therapy, Inc.

(CORPORATE NAME)

(DOCUMENT #)

2. _____

(CORPORATE NAME)

(DOCUMENT #)

3. _____

(CORPORATE NAME)

(DOCUMENT #)

Walk-In

Pick up time: _____

Certified Copy Certificate Of Status

New Filings	
X	Profit
	Non-Profit
	Limited Liability
	Other:

Amendments	
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Filings	
	Annual Report
	Fictitious Name
	Apostille:
	Other:

Examiners Initials	
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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: M.A.V.Y. BEHAVIOR THERAPY, INC.

ARTICLE II. PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12475 SW 6 ST

MIAMI, FL 33184

ARTICLE III PURPOSE

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV. SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

VERONICA VILLAFUERTE (P) Name and Title:

12475 SW 6 ST

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

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: VERONICA VILLAFUERTE

Address: 12475 SW 6 ST

MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VERONICA VILLAFUERTE

Address: 12475 SW 6 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

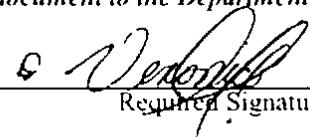


Required Signature/Registered Agent

01/07/2020

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.



Required Signature/Incorporator

01/07/2020

Date