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SECRITARY OF STATE

2020 JAN 23 PM 8: 0

COVER LETTER

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

SUBJECT:	BEACON COUN	SELING AND	WELLNESS, I	NC.
	(PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INCLU</u>	JDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy	
		ADDITIONAL CO	& Certificate of Status	
			T REQUIRED	
FROM:	Lee A.	Rosenblum (Printed or typed)		
	4495 /	M. litary Trail,	Ste 102	
_	Jupit City,	State & Zip	23458	
_	(56) Daylime Te	1) 799 - 6950 elephone number) 	
	Le e @ rose E-mail address: (to be used	enblum on line . 6 For future annual report n	entification)	

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

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

The name of the corpora	E ation shall be: <u>BLACON</u>	Counseling and	Wellness, Inc.
ARTICLE II PRIN	CIPAL OFFICE Principal street address	Mai	ling address, if different is:
4495 m	ilitary TRAIL Ste 1	102	
Jupiter, F	EL 33458		
ARTICLE III PURP The purpose for which	the corporation is organized is:	COUNSELIN	G
ARTICLE IV SHAP The number of shares o ARTICLE V INITI	RES f stock is:/	<u>TORS</u>	
Name and Tit	le:	Name and Title:	
Address		Address:	.
Name and Titl	e:	Name and Title:	
Address		Address:	- O N
			FEC NEW 23
Name and Titl	e:	Name and Title:	(√) (□ → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Address		Address:	

Name and T	itle:	Name and Title:	
Address		Address:	
ADTICLE VI DE	GISTERED AGENT		
	da street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name: _	Lee A. Rosenblu	<u>im</u>	
Address:	4495 MilitARY	Trail, Suite 102	-
_	4495 Military Jupiter, Floric	la 33458	
ARTICLE VII IN	<u>CORPORATOR</u>		
The name and addr	ess of the Incorporator is:		
Name:	Lee A. Ross 4495 Milita Jupiter, Flor	<u>enb</u> lum	ZOZU JAN 23 SECRETARY TALLAHAS
Address:	4495 Militi	try Trail, Suite 10.	2 ASS
	Jupiter, Flor	rida 33458	E S
			30.8
ARTICLE VIII E	FFECTIVE DATE:	(OPTIONAL)	~ ~
(If an effective date filing.)	e is listed, the date must be specific and	cannot be more than five days pri	or or 90 days after t
	serted in this block does not meet the appl		this date will not be
the document's effe	ctive date on the Department of State's re-	coras.	
	as registered agent to accept service of pro		
certificate, I am jam	iliar with and accept the appointment as r	egisierea agent ana agree to act in th	
	Payured Signature/Registered Ages		1-1-20 Date
I makanda alida dan	Required Signature/Registered Ages LEE A. ROSENBLUM LOSE AND LOS	nt) in ana tupa am awara that tha fal	
	ient and affirm that the facts stated here. partment of State constitutes a third degree		
	11		1-1-20