

P200000020790

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
COMPREHENSIVE BEHAVIOR SUPPORT & CONSULTANT INC**

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

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2020 MAR 29 PM 1:36
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/10/2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Comprehensive Behaviour Support & Consultant Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
1840 SW 89th Place

Mailing address, if different is:

Miami FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and All Business Purpose**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Yaquelin Vila-Gonzalez, President

Name and Title: _____

Address 1840 SW 89th Place

Address: _____

Miami FL 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Yaquelin Vila-Gonzalez
Address: 1840 SW 89th Place
Miami FL 33165

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yaquelin Vila-Gonzalez
Address: 1840 SW 89th Place
Miami FL 33165

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.)

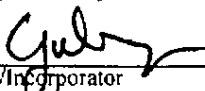
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3-2-2020
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

3-2-2020
Date

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