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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALVASOR BEHAVIOR CORP.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

MAY 11 2020

T. SCOTT

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

ARTICLE I NAMEThe name of the corporation shall be: ALVASOR BEHAVIOR CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
5261 W. FLAGLER ST., APT 32
MIAMI, FL 33144Mailing address, if different is:
5261 W. FLAGLER ST., APT 32
MIAMI, FL 33144**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CECILIA MARIA ALVAREDO SORIA (P/D) Name and Title: _____Address 5261 W. FLAGLER ST., APT 32 Address: _____
MIAMI, FL 33144

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

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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: CECILIA MARIA ALVAREDO SORIA
Address: 6261 W. FLAGLER ST., APT 32
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CECILIA MARIA ALVAREDO SORIA
Address: 6261 W. FLAGLER ST., APT 32
MIAMI, FL 33144

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
05/07/2020
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
05/07/2020
Date