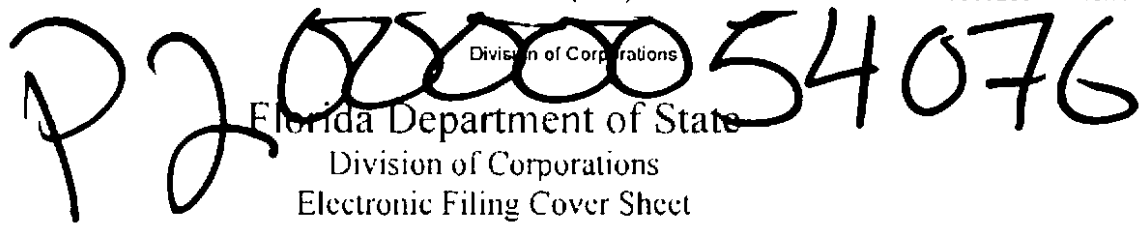


7/21/2020



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.

(((H20000236320 3)))



H200002363203ABCS

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
MYGO Behavior Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MYGO Behavior Services Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
9731 Hammocks Blvd Apt 205-B

Mailing address, if different is:

Miami, FL 33196**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and All Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Orlando Hernandez - President Name and Title: _____Address: 9731 Hammocks Blvd Apt 205-B Address: _____Miami, FL 33196

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Alex Pina Co.Address: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Orlando HernandezAddress: 9731 Hammocks Blvd Apt 205-BMiami, FL 331962020 JUL 21 AM 11:30
OFFICE OF THE
CLERK OF THE
TALLAHASSEE, FLORIDA

FILED

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 Agent07/20/2020

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/Incorporator07/20/2020

Date