

PRO 000055327

**Florida Department of State**  
**Division of Corporations**  
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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**A WELLNESS AND BEHAVIOR GROUP, CORP**

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

J. FASON

JUL 27 2020

2020 JUL 24 PM 1:19

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STATE  
 DEPARTMENT OF  
 CORPORATIONS  
 COMMERCIAL  
 SERVICES

**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: A WELLNESS AND BEHAVIOR GROUP, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address7452 W 30 LN  
HIALEAH, FL 33018

Mailing address, if different is:

7452 W 30 LN  
HIALEAH, FL 33018**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINSS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIGUEL GONZALEZ SUAREZ

Name and Title: \_\_\_\_\_

Address PRESIDENT

Address: \_\_\_\_\_

7452 W 30 LNHIALEAH, FL 33018

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT

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: MIGUEL GONZALEZ SUAREZ  
 Address: 7452 W 30 LN  
HIALEAH, FL 33018

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MIGUEL GONZALEZ SUAREZ  
 Address: 7452 W 30 LN  
HIALEAH, FL 33018

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/21/2020 (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 07/21/2020  
 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 07/21/2020  
 Date

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 DEPT. OF STATE  
 TALLAHASSEE, FL