Florida Department of State

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.

(((H20000253775 3)))



H200002537753ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the	email a	ddress f	or this	business	entity	to be	used for futu	re
annual	report	mailing	s. Enter	only one	email	address	s please.**	l :

Fma	4	٦		44	805		
המור	п	4	Д	ao	LE-2	- 5	Ξ

FLORIDA PROFIT/NON PROFIT CORPORATION NAPLES BEHAVIORA HEALTH SERVICES, CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Naples Behavioral health Sorvices, Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2801 Tamiani Trail North
Naples, F/ 34108.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Jeyanis Nova Rodniquez (President).
9801 Tamiami trail North
Naples, F1 34108.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Leyanis Noda Rodriguez
Nadles FL 34108
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
LEVANIS NODA RODRIGUEZER &
2801 TAMIAMI TRAIL NORTH
NADIES EL 34108

Required Signatures:

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

Registered Argent

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.

Incorporation

7/29/20.

2020 JUL 31 PM 3: 34