Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091 Phone : (786)212-0491 Fax Number : (305)454-6657

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

Emsil	Address.			

FLORIDA PROFIT/NON PROFIT CORPORATION E&T BEHAVIORAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SEP-21-2020-11:12 From: 3054546657 Page: 2/4

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: E&T	BEHAVIORAL SERVICES, IN	С	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	iginal and onc (1) copy of the arti	icles of incorporation and	l a check for:
□ \$70.00 Filing Fæ	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	TANIA RODRIGUEZ Namo	: (Printed or typed)	
	12800 SW 188 ST		
		Address	
	MIAMI, FL 33177	· ·	
	City,	State & Zip	
	786-246-4594		
	Daytime T	elephone number	
_	E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation	on shall be: E&T BEHAVIORAL SER	VICES, INC.	
12800 SW 188 ST M	PAL OFFICE vincipal street address LAMI, FL 33177		dress, if different is:
ARTICLE III PURPO. The purpose for which th	SE: e corporation is organized is: ANY ANI	D ALL LAWFUL BUSI	ness
ARTICLE IV SHARE The number of shares of s			20 SEP 21 PH 8: LUIDIAN OF SEP TALLAHASSEE, ELDI
Name and Title		Name and Title:	17 AUA
	ESMERALDA M. FLEITAS , VP 1909 ROOSEVELT DR AP'I' B KEY WEST, FL 33040	Name and Title: Address:	
Name and Title:			

Name and Title:		Nume and Title:	
Address		Address:	
	· · ·		
ARTICLE VI R. The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	TANIA RODRIGUEZ	_	
Address:	12800 SW 188 ST MIAMI, FL 33177	-	
		20 S	
		- SEP	
ARTICLE VII 1	<u>NCORPORATOR</u>	21 Zin	
The <u>name and add</u>	dress of the incorporator is:		
Name:	S&S ACCOUNTING SERVICES, INC		
Address:	3383 NW 7 ST STE 304		
	MIAMI, FL 33125	-	
Effective date, if a (If an effective da filing.) Note: If the date		. (OPTIONAL) not be more than five days prior or 90 days after the le statutory filing requirements, this date will not be listed as	
Having been nam certificate, I am fo	ed as registered agent to accept service of process f amiliar with and accept the appointment as register	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity	
lam	Konlore 1	8/31/2020	
	Required Signature/Registered Agent	Dute	
I submit this document to the I	ument and affirm thin-th) facts kifted hefein are Department of State constitutes a third degree felon	re true. I am aware that the false information submitted in a many as provided for in s.817.155, F.S.	
Required Signatu	re/Incorporator	Date: 08/31/2020	
	(, < '		