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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

2020 NOV 16 PM 2:55

FLORIDA PROFIT/NON PROFIT CORPORATION  
CO BEHAVIOR THERAPY SOLUTIONS CORP

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

2020 NOV 16 PM 4:03

F11:10

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

CO Behavior Therapy Solutions Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14341 SW 157st

miami FL 33177

2020 NOV 16 PM 4: 04

FILE

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

(President)

CLAUDIA DE LAS MERCEDES OLIVERA

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Claudia de las Mercedes Olivera

14341 SW 157st

miami FL 33177

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

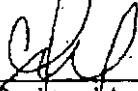
Claudia de las Mercedes Olivera

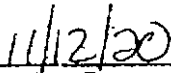
14341 SW 157st

miami FL 33177

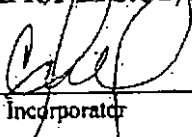
**Required Signatures:**

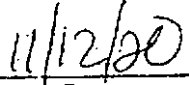
**Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity**

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Incorporator

  
\_\_\_\_\_  
Date