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.

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|-------|--|---|
| To:   |  |   |
|       | Division of Corporations   |   |
|       | Fax Number : (850)617-6381   | 707                                     |
| _     |  | _                                       |
| From: | •  |   |
|       | Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  |   |
|       | Account Number: 120000000019   |   |
|       | Phone : (305)552-5973  | 1,                                      |
|       | Fax Number : (305)675-5944   | ======================================= |
|       |  |   |
| ***** | <u></u>  | ċ                                       |
| ann   | the email address for this business entity to be used for future wal report mailings. Enter only one email address please.** | C                                       |
| Ema   | il Address:  | _                                       |
|       |  | 7.7.7                                   |
|       |  |   |
| F     | LORIDA PROFIT/NON PROFIT CORPORATION   | = :                                     |
| _     |  |   |
|       | JOAN & SONS BEHAVIORAL THERAPY INC.  | , ,                                     |
|       |  | _                                       |

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

JAN 1'3 2021!

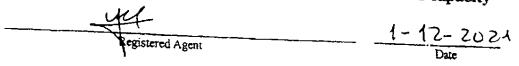
T. SCOTT

## ARTICLES OF INCORPORATION In compliance with Chapter (as Co. 2)

| the compliance with Chapter 607 (Profit)   |
|--|
| ARTICLE I NAME: The name of the corporation is:  |
| Joan & Sons Behavioral Therapy INC   |
| - ARTICLE II PRINCIPAL OFFICE:   |
| The principal street address and mailing address is:                                   |
| 14421 SW 268 Th ST   |
| Apr 204, 33032,  |
| HomesTead, Florida   |
| ARTICLE III SHARES: The number of shares of stock is:                                  |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER 5:   |
|  |
| ( Lamiro Kodriguez Vavona . E  |
|  |
| 72 1   |
|  |
|  |
|  |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:                                |
| The name and Florida street address (PO Box not accentable) of the registers described |
| JUHN Hamiro Rodriquez Varona   |
| 14421 SW 268 ST. Apt 204   |
| Homestead FL 33032   |
| ADTICLES   |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                  |
| 111101 01 0  |
| Homestead FL 33032   |
| 11017HB1CUCI FC 30032  |

## 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 familian with and accept the appointment as registered agent and agree to act in this capacity



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.

1-12-2021 Incorporator Date