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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LUCKY BEHAVIOR SERVICES CORP**

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

J. FASON

FEB 15 2021

2021 FEB 12 AM 5:26

2021 FEB 12 PM 3:13

EIN: 86-2038774

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Lucky Behavior Services Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5166 Pimlico Lane apt 401
Fort Myers FL 33966**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LEDESMY ALFONSO MARTIN (P)
5166 Pimlico Lane apt 401
Fort Myers FL 33966**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LEDESMY ALFONSO MARTIN
5166 Pimlico Lane apt 401
Fort Myers FL 33966**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LEDESMY ALFONSO MARTIN
5166 Pimlico Lane apt 401
Fort Myers FL 33966

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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

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