

P21000014359

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MILY'S BEHAVIOR INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

J. FASON
FEB 17 2021

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

ARTICLE I NAMEThe name of the corporation shall be: MILY'S BEHAVIOR INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1490 WEST 42ND PL APT 1031490 WEST 42ND PL APT 103HIALEAH, FL 33012HIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: BEHAVIOR SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MILEIDYS ROCUBERT

Name and Title: _____

Address 1490 WEST 42ND PL APT 103

Address: _____

HIALEAH, FL 33012PRESIDENT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 FEB 16 AM 8:50

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MILEIDYS ROCUBERTAddress: 1490 WEST 42ND PL APT 103
HIALEAH, FL 33012**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MILEIDYS ROCUBERTAddress: 1490 WEST 42ND PL APT 103
HIALEAH, FL 33012

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: FEBRUARY 15, 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*_____
Required Signature/Registered Agent02-13-21
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.*_____
Required Signature/Incorporator02-13-21
Date