Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION LP BEHAVIOR THERAPY, INC

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

3052201440

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 321 ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS: KODRIGUEZ 53 INITIAL REGISTERED AGENT AND STREET ADDRESS: ARTICLE V The name and Florida street address (PO Box not acceptable) of the registered agent is:

INCORPORATOR: The name and address of the Incorporator is: AD NOW

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 03 110 2021

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 03/10/202

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SECRETATION OF SALAME