

3/30/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ABC BEHAVIOR CHANGES CORP**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I. NAME**The name of the corporation shall be: ABC BEHAVIOR CHANGES CORP**ARTICLE II. PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

4461 NW 170 STMIAMI GARDENS, FL 33055**ARTICLE III. PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV. SHARES**The number of shares of stock is: 100**ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LIECHER PRADO CRUZ (P)

Name and Title: \_\_\_\_\_

Address: 4461 NW 170 ST

Address: \_\_\_\_\_

MIAMI GARDENS, FL 33055

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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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: LIECHER PRADO CRUZ  
Address: 4461 NW 170 ST  
MIAMI GARDENS, FL 33055

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: LIECHER PRADO CRUZ  
Address: 4461 NW 170 ST  
MIAMI GARDENS, FL 33055

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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 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 §817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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