

P210000524

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LABORDE BEHAVIOR THERAPY, CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 JUN 21 PM 1:07

2021 JUN 21 AM 9:53

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LABORDE BEHAVIOR THERAPY, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
20355 SW 122ND AVE APT 206MIAMI FL 33177

Mailing address, if different is:

20355 SW 122ND AVE APT 206MIAMI FL 33177**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THERAPY SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARIANNE TRETO

Name and Title: _____

Address PRESIDENT

Address: _____

20355 SW 122ND AVE APT 206MIAMI, FL 33177

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ARIANNE TRETO
Address: 20355 SW 122ND AVE APT 206
MIAMI, FL 33177

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

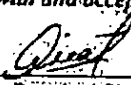
Name: ARIANNE TRETO
Address: 20355 SW 122ND AVE APT 206
MIAMI, FL 33177

ARTICLE VIII - EFFECTIVE DATE:

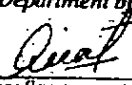
Effective date, if other than the date of filing: 06/17/2021 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 06/17/2021
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 s.817.155, F.S.

 06/17/2021
Required Signature/Incorporator Date