

P21000059000

Division of Corporations
Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
D&E BEHAVIOR CORP**

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

ARTICLE I NAMEThe name of the corporation shall be: D&E BEHAVIOR CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
27527 SW 133 PLHOMESTEAD, FL 33032

Mailing address, if different is:

27527 SW 133 PLHOMESTEAD, FL 33032**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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DARIANNY NAPOLES CORDOVA - PAddress: 27527 SW 133 PL
HOMESTEAD, FL 33032

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: DARIANNY NAPOLES CORDOVA
 Address: 27527 SW 133 PL
HOMESTEAD, FL 33052

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARIANNY NAPOLES CORDOVA
 Address: 27527 SW 133 PL
HOMESTEAD, FL 33052

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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 s.817.155, F.S.

 Required Signature/Incorporator

 Date