Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210002497243ABC+

To:		
	Division of Corporations	••,
	Fax Number : (850)617-6381	••
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, IN	IC.
	Account Number : I20000000019	**
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	
	er the email address for this business entity to be use	

FLORIDA PROFIT/NON PROFIT CORPORATION MIRA BEHAVIOR SOLUTIONS CORP.

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

Lac 6/28/21

Email Address:

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Help

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is:	
7931 SW 15th St	
Miami 77 33144	-
ARTICLE III SHARES: The number of shares of stock is:	100
ARTICLE IV INTIIAL DIRECTORS AND/OR OFFIC	CERS:
Carla Marisol Ron	nan
(P)	2021
	2021 JUH 25
	25
ARTICLE V INITIAL REGISTERED AGENT AND STREET	五DDRESS:
The name and Florida street address (PO Box not acceptable) of the reg	gistered agent is:
7931 SW 15th St	
Miami H 3	5144
Carla Marisol Roman	
ARTICLE VI INCORPORATOR: The name and address of the	e Incorporator is:
Carla Marisol Boman	
7931 Sw 15th St	
Miami F1 33144	

Required Signatures:

3052201440

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 familian with and accept the appointment as registered agent and agree to act in this capacity

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

Date