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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):	Division of Farmana's	7.
	Division of Corporations	6
	Fax Number : (850)617-6381	
ron:		- 10 mg
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : I200000000019	r if i
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	

FLORIDA PROFIT/NON PROFIT CORPORATION CYBERTALEX BEHAVIORAL CENTER.CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:		
	The principal street address and mailing address is:		
	13549 SW 11 LN		
	MIAMI, FL 33184		,
<u> </u>	CLE III SHARES: The number of shares of stock is: 100	AH/relnz	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	おおり	r
	ALEJANDRO ESPINOSA (p)	否	-
	TICLE V INITIAL REGISTERED AGENT AND STREET ADI ame and Florida street address (PO Box not acceptable) of the registere ALEJANDRO ESPINOSA		•
The n	NACONITORNO COI NICON		
Flie n	13549 SW 11 LN		

13549 SW 11 LN

MIAMI EL 33184

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

egistered Agent

07/01/2021

Dak

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

07/01/2021

Date

TALLAHASAK BAYE