

8/5/2021

Division of Corporations

P21000071352

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MY SONS BEHAVIOR CARE INC

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

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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: MY SONS BEHAVIOR CARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9314 FOREST HILL BLVDWELLINGTON, FL 33411**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE OF THE BUSINESS IS HEALTHCARE
AND BEHAVIOR CARE.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ESPERANZA FIGUEROA (P)

Name and Title: _____

Address: 9200 SW 56 TERR

Address: _____

MIAMI, FL 33173Name and Title: DACHELY MARTINEZ (VP)

Name and Title: _____

Address: 3044 NW 29 ST

Address: _____

MIAMI, FL 33142

Name and Title: _____

Name and Title: _____

Address: _____

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: JOSE ALLENDE
 Address: 2025 NW 102 AVE STE 110
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

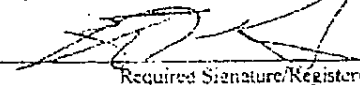
Name: JOSE ALLENDE
 Address: 2025 NW 102 AVE STE 110
DORAL, FL 33172

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*

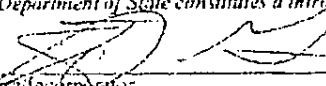


 Required Signature/Registered Agent

12/4/21

 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

12/4/21

 Date

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