

8/26/2021

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
HHMG BEHAVIOR SERVICES INC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: HMG BEHAVIOR SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4561 BARCLAY CRESCENT DRLAKE WORTH, FL 33463**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIRLAY ARIAS RIVES (P)

Name and Title: _____

Address 4561 BARCLAY CRESCENT DR

Address: _____

LAKE WORTH, FL 33463

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

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: MIRLAY ARIAS RIVES

Address: 4561 BARCLAY CRESCENT DR

LAKE WORTH, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIRLAY ARIAS RIVES

Address: 4561 BARCLAY CRESCENT DR

LAKE WORTH, FL 33463

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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:

/s/ Mirlay Arias Rives

Required Signature/Registered Agent

08/20/2021

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.

/s/ Mirlay Arias Rives

Required Signature/Incorporator

08/20/2021

Date