

8/26/2021

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Division of Corporations  
Florida Department of State  
Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LIFE BLESSING BEHAVIOR CORP

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

2021  
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME  
The name of the corporation shall be: LIFE BLESSING BEHAVIOR CORP

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
8715 SW 152 AVE APT 310  
MIAMI, FL 33193

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: ANDY SOCARRAS MARQUEZ (P) Name and Title:  
Address 8715 SW 152 AVE APT 310 Address:  
MIAMI, FL 33193

Name and Title: Name and Title:  
Address Address:

Name and Title: Name and Title:  
Address Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ANDY SOCARRAS MARQUEZAddress: 8715 SW 152 AVE APT 310MIAMI, FL 33193ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ANDY SOCARRAS MARQUEZAddress: 8715 SW 152 AVE APT 310MIAMI, FL 33193ARTICLE 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

08/24/21

*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

08/24/21SECRETARY OF STATE  
TALLAHASSEE, FL

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