

9/15/21, 1:39 PM

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BEHAVIOR HEALTH CORP.

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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: BEHAVIOR HEALTH CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
8851 SW 142 AVE APT 1528
MIAMI, FL 33186Mailing address, if different is:
8851 SW 142 AVE APT 1528
MIAMI, FL 33186**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: SHARES 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JANY PEREZ LEGRA - P Name and Title: _____Address 8851 SW 142 AVE APT 1528 Address: _____
MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021-09-15 17:54:55 GMT

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: JANY PEREZ LEGRA
Address: 8851 SW 142 AVE APT 1528
MIAMI, FL 33186

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JANY PEREZ LEGRA
Address: 8851 SW 142 AVE APT 1528
MIAMI, FL 33186

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_____
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_____
Date

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