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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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 **BEHAVIORAL THERAPY 123 INC**

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

ARTICLES	<b>OF</b>	<b>INCORPO</b>	RA	TIO	V
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
ARTICLE I NAME: The name of the corporation is:				
BEHAVIORAL THERAPY 123				
ARTICLE II PRINCIPAL OFFICE: 1-NC				
The principal street address and mailing address is:  7.51 SW H2 SI				
MIAMI FL 33155				
ARTICLE III SHARES: The number of shares of stock is: 100				
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:				
COLARYS SACGUELINE				
- CARCIA				
(ρ)				
5 × × × × × × × × × × × × × × × × × × ×				
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:				
The name and Florida street address (PO Box not acceptable) of the registered agent is:				
Gladys Jacqueline Garcia				
715   Sw 42 St Miami F1 33155				
APTICLE VII DICOPPORATOR. The name and address of the Incorporator is:				
ARTICLE VI INCORPORATOR: The name and address of the Inco: porator is:				
Gladys Jacqueline Garcia				
7151 SW 42 St Miami Fl 33155				

## **Required Signatures:**

Having been named as registered agent to accept service corporation at the place designated in this certificate appointment as registered agent and agree	, I am familiar with and accept the
Registered Agent	Date
I submit this document and affirm that the facts stated the false information submitted in a document to the I third degree felony as provided for in s.817.155, F.S.	herein are true. I am aware that Department of State constitutes a
J. H. J. J. H.	
Incorporator	Date

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