1/25/22, 1:40 PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000032323 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

Phone : (305)444-4994

Fax Number : (305)328-4774

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one remail address please: **_________

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION N.A.A. BEHAVIOR THERAPY CORP

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

Electronic Filing Menu

Corporate Filing Menu

To: +18506176381

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

| Principal street address Mailting address, if different is: NW 22 CT APT 8 AI, FL 33142 TETH PURPOSE Prose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. ANY AND ALL LAWFUL BUSINESS. TETH SHARES MICHAEL AND ALL LAWFUL BUSINESS. Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Address: Title: Name and T | CLE II PRINC | CIPAL OFFICE | | • |
|--|------------------------------------|--|---------------------------|---------------------|
| ALE IV SHARES mober of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Address MIAMI, FL 33142 Name and Title: Name and Title: Name and Title: Address: Address: Address: Address: Name and Title: Address Address: Address: Address: Name and Title: Address: | | | Mailing address, if diff | erent is: |
| ILE IV SHARES pose for which the corporation is organized is: _ANY AND ALL LAWFUL BUSINESS. LETV SHARES proper of shares of stock is: _100 LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: | IW 22 CT APT 8 | | | |
| LETY SHARES Pose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. LETY SHARES AND ALL LAWFUL BUSINESS | | | | |
| Propose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. Propose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. Propose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. And Title: Name and Title: Address Address: | | | | |
| TLE IV SHARES mber of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Address 2095 NW 22 CT APT 8 Address: MIAMI, FL 33142 Name and Title: Name and Title: Address Address Address: Address: Name and Title: Name and Title: Address: Addr | CLE III PURP Impose for which I | <u>2SE</u> he cornoration is organized is: ANY AN | ID ALL LAWFUL BUSINESS. | |
| TLE IV SHARES mber of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Address 2095 NW 22 CT APT 8 Address: MIAMI, FL 33142 Name and Title: Name and Title: Address Address: Address: Name and Title: Name and Title: Address: Address: | | | | |
| TLE IV SHARES mber of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Address 2095 NW 22 CT APT 8 Address: MIAMI, FL 33142 Name and Title: Name and Title: Address Address: Address: Name and Title: Name and Title: Address: Address: | | | - | |
| TLE IV SHARES mber of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Address 2095 NW 22 CT APT 8 Address: MIAMI, FL 33142 Name and Title: Name and Title: Address Address: Address: Name and Title: Name and Title: Address: Address: | | | | |
| TLE IV SHARES mber of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Name and Title: Address 2095 NW 22 CT APT 8 Address: MIAMI, FL 33142 Name and Title: Name and Title: Address Address: Address: Name and Title: Name and Title: Address: Address: | | | | |
| Meer of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Address MIAMI, FL 33142 Name and Title: Name and Title: Name and Title: Address Address Address Address: Address | | | | |
| Meer of shares of stock is: 100 TLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Address MIAMI, FL 33142 Name and Title: Name and Title: Name and Title: Address Address Address Address: Address | | | | |
| Name and Title: Address: Name and Title: Address: Name and Title: Address: | | | | |
| Name and Title: Address: Name and Title: Address: Name and Title: Address: | | | | |
| Name and Title: Address: Name and Title: Address: Name and Title: Address: | | | | |
| Name and Title: Address: Name and Title: Address: Name and Title: Address: | | | | |
| Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Address 2095 NW 22 CT APT 8 MIAMI, FL 33142 Name and Title: Address Address: Address: Name and Title: Address Address: Address: Address: Address: Address: Address: | LEIV SHAR | ES | | |
| Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Address 2095 NW 22 CT APT 8 MIAMI, FL 33142 Name and Title: Address Address: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: | moet of shares of | SIOCK IS. | | |
| Name and Title: NORAYDIS ALMEIDA ALVAREZ (P) Address 2095 NW 22 CT APT 8 MIAMI, FL 33142 Name and Title: Address Address: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: | CIEV WY | II AFFICERS WINDS DIRECTORS | | |
| Address 2095 NW 22 CT APT 8 MIAMI, FL 33142 Name and Title: Address Address: Name and Title: Address Address: | | | | |
| Name and Title: Address Name and Title: Address: Name and Title: Address Name and Title: Address Address: | Name and Title | NORAYDIS ALMEIDA ALVAREZ (P) | Name and Title: | |
| Name and Title: Address Address: Name and Title: Name and Title: Name and Title: Address Address: | Address | 2095 NW 22 CT APT 8 | Address: | |
| Name and Title: Address Address: Name and Title: Name and Title: Name and Title: Address Address: | | MIAMI, FL 33142 | | |
| Name and Title: Address Address: Name and Title: Name and Title: Name and Title: Address Address: Address Address: | | | | |
| Address Address: Name and Title: Address Address: | | | | |
| Address Address: Name and Title: Address Address: | | | | |
| Name and Title: Address Address: Name and Title: Address: Address: | | | | |
| Name and Title: Name and Title: Address Address: Address: | Name and Title | , * | Name and Title: | |
| Address Address: | | | | |
| | Address | | Address: | THE SAME |
| <u> </u> | Address Name and Title | | Address: Name and Title: | TAL SAME |
| The state of the s | Address Name and Title | | Address: Name and Title: | TAL AHASSEE |
| · · · · · · · · · · · · · · · · · · · | Address Name and Title | | Address: Name and Title: | HA 52 WY CAN SEE LT |

| Name an | d Title: | Name and Title: | |
|--|---|---|------|
| Address | | Address: | |
| | | | |
| | | | • |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) |) of the registered agent is: | |
| Name: | NORAYDIS ALMEIDA ALVAREZ | | |
| Address: | 2095 NW 22 CT APT 8 | <u> </u> | |
| | MIAMI, FL 33142 | | |
| ARTICLE VII | INCORPORATOR | • • . | |
| The name and ac | Idress of the Incorporator is: | | |
| Name: | NORAYDIS ALMEIDA ALVAREZ | <u></u> | |
| Address: | 2095 NW 22 CT APT 8 | | |
| | MIAMI, FL 33142 | <u> </u> | |
| ARTICI E VIII | EFFECTIVE DATE: | | |
| Effective date, if | other than the date of filing: | . (OPTIONAL) nnot be more than five days prior or 90 days after the | |
| | inserted in this block does not meet the applical ffective date on the Department of State's record | able statutory filing requirements, this date will not be listed as rds. | |
| Having been nan certificate, I am J | ned as registered agent to accept service of proces amiliar with and accept the appointment as regis | ess for the above stated corporation at the place designated in this stered agent and agree to act in this capacity | . ,* |
| Noraydis Alm | eida Alvarez | | |
| Bill HOSE THEIR HEAVE OF | Required Signature/Registered Agent | Date | |
| | cument and affirm that the facts stated herein a Department of State constitutes a third degree fel | are true. I am aware that the fulse information submitted in a lony as provided for in s.817.155, F.S. | |
| Noraydis Alm | eida Avarez | J | ٠. ٠ |
| Required Signati | re/Incorporator | Date | • |
| | | S. A. | 7 |