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SECRETARY OF STATE
T. HENRY DE FORESTATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

C & A BEHAVIORAL SOLUTIONS INC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

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_____ Art of Inc. File _____
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February 7, 2022

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: C & A Behavioral Solutions Inc

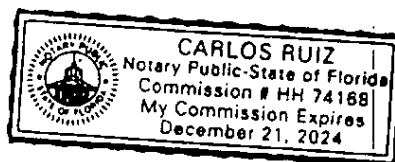
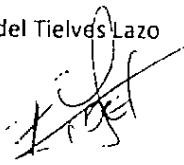
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Fidel Tielves Lazo



COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: C & A BEHAVIORAL SOLUTIONS INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARIA E RUIZ
Name (Printed or typed)
7750 SW 117TH AVE SUITE 203
Address
MIAMI FLORIDA 33183
City, State & Zip
305 595-2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

2022 FEB -8 AM 8:35

ARTICLE I NAME

The name of the corporation shall be: C & A BEHAVIORAL SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

13501 SW 118 PASS

MIAMI FLORIDA 33186

Mailing address, if different is:

7750 SW 117TH AVE SUITE 203

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDEL TIELVES LAZO, PRES

Name and Title: _____

Address

13501 SW 118 PASS

Address: _____

MIAMI FLORIDA 33186

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: FIDEL TIELVES LAZO
Address: 13501 SW 118 PASS
MIAMI FLORIDA 33186

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FIDEL TIELVES LAZO
Address: 13501 SW 118 PASS
MIAMI FLORIDA 33186

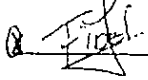
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/25/2021 (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:

 _____ 02/07/2021
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.

 _____ 02/07/2021
Required Signature/Incorporator Date

FILED
SECRETARY OF STATE
2022 FEB -8 AM 8:35
DEPARTMENT OF STATE