

3/11/22, 11:3

Division of Corporations

Florida Department of State
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.

(((H22000092815 3)))



H220000928153ABC\$

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
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 email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 11 AM 9:53

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
YUNE BEHAVIOR SERVICE INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: YUNE BEHAVIOR SERVICE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address232 WOODLAND RDPALM SPRINGS, FL 33461

Mailing address, if different is:

232 WOODLAND RDPALM SPRINGS, FL 33461**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: YUNEISY BARBARA NAPOLES RODRIGUEZ - P Name and Title: _____Address 232 WOODLAND RD
PALM SPRINGS, FL 33461

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

2022 MAR 11 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED


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: YUNEISY BARBARA NAPOLES RODRIGUEZAddress: 232 WOODLAND RD
PALM SPRINGS, FL 33461**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: YUNEISY BARBARA NAPOLES RODRIGUEZAddress: 232 WOODLAND RD
PALM SPRINGS, FL 33461**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 filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used 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*
Yanet Avile (M or 11, 2022 16:57 EST)_____
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.*
Yanet Avile (M or 11, 2022 16:57 EST)_____
Required Signature/Incorporator_____
Date2022 MAR 11 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA