Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

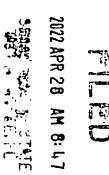
Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 MY BEST BEHAVIOR SERVICE, INC.

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



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| My Best Behavior Service, Inc. | <u>. </u> | | | | | |
|--|--|--|--|--|--|--|
| ARTICLE II PRINCIPAL OFFICE: | | | | | | |
| The principal street address and mailing address is: | | | | | | |
| 15794 SW 146 Terrace | | | | | | |
| Mjami, FL 33196 | | | | | | |
| | | | | | | |
| ARTICLE III SHARES: The number of shares of stock is: 100 | | | | | | |
| | • | | | | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | | | | |
| Gim Perez President | | | | | | |
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| Property of the control of the contr | AM 8: | | | | | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | == | | | | | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | -4 | | | | | |
| 15794 Sw 146 Terrace | | | | | | |
| Miami, FL 33196 | | | | | | |
| Gina Perez | | | | | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | | | | | | |
| Gina Perez | | | | | | |
| 15794 SW 146 Terrace | | | | | | |
| Miami, FL 33194 | | | | | | |

Required Signatures:

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

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.