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.

(((H220001594203)))

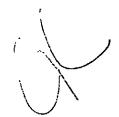


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To: From: **Enter and	Division of Corporations Fax Number : (850)617-6381 Account Name : CAPITOL SERVI Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 the email address for this business total report mailings. Enter only of	CES, INC. ? ? ss entity to be used	2022 MAY -2 AM 1:50 ALLIANASSEC FLORID/ is for future ease.**
Ema	ail Address:		
	FLORIDA PROFIT/NON PRO NOCD FLORIDA BEHAVIO		
			A. **please honor original
**please honor original submission date of	NOCD FLORIDA BEHAVIO	RAL HEALTH, P	**please honor original submission date of
**please honor original	NOCD FLORIDA BEHAVIO	RAL HEALTH, P	A. **please honor original

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

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

	NOCD Florida Beh		_
CLETT PRING 5 N. MICHIGAN ICAGO, IL 60	Principal <u>street</u> address N AVENUE, STE, 1430	Mailing address, if different is	:
CLETT PURP urpose for which rchiatry, ps	ose the corporation is organized is: to engage ychology, and any other la		e 2022 HA
		HASSEE FLOR	17-2 AM 11:
ICLE IV SHAI number of shares o	<u>RES</u> f stock is: 100	——————————————————————————————————————	50
ICLE_VINITJ	AL OFFICERS AND/OR DIRECTORS le: Sharon M. Batista, M.D.		
	61 Tarryhill Rd.	Name and Title:Address:	
	Tarrytown, NY 10591 President		
Name and Titl	e:	Name and Title:	
Address		Address:	
			
Name and Titl	e:	Name and Title:	
Name and Titl Address	e:		

Envelope ID: B1777F27-	D361-4FA7-9DA2-172380C8094D		H22000158780
Name and Ti	tle:	Name and Title:	
Address		Address:	
ARTICLE VI REG			
-	da street address (P.O. Box NOT acceptable) of Dapitol Corporate Services, Inc.		
	515 East Park Avenue, 2nd F	- 	2022 I
_	allahassee, FL 32301	_	2022 HAY -2
<u>ARTICLE VII - IN</u>	<u>CORPORATOR</u>		12 MAY -2 AM II: 50
The name and addre	ess of the Incorporator is:		105 =
Name:	Sharon M. Batista, M.D.	_	20 So
Address:	61 Tarryhill Rd.	_	
	Tarrytown, NY 10591		
<u>ARTICLE VIII E</u>	FFECTIVE DATE:		
Effective date, if oth (If an effective date filing.)	er than the date of filing:	ot be more than five d	NAL) ays prior or 90 days after the
Note: If the date ins	serted in this block does not meet the applicable tive date on the Department of State's records.	e statutory filing require	ements, this date will not be listed as
Having been named certificate, I am fam	as registered agent to accept service of process j iliar with and accept the appointment as registe	for the above stated corp red agent and agree to o	poration at the place designated in th act in this capacity
Taylor S	Taylor Seay, as Asst. Secr	etary	05/02/2022
	Required Signature/Registered Agent		Date
I submit this docum document to the Dep	nent and affirm that the facts stated herein are partment of State constitutes a third degree felor	true. I am aware that ny as provided for in s.8.	the false information submitted in 17,155, F.S.
Sharan Batista			5/1/2022
Required Signature	Incorporator		Date