

P22000045891

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.

((H22000200567 3)))



H220002005673ABCY

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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
BLUE SKY BEHAVIORAL THERAPY CORP.**

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

RECEIVED
2022 JUN -8 PM 4:43
CORPORATIONS
COMMERCIAL
SERVICES

2022 JUN -8 PM 2:10
ALL INFORMATION
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:BLUE SKY BEHAVIORAL THERAPY CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12961 NW 7 LANE MIAMI FL 33182**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ESTHER LYLIA HERRERIA MADRIGAL (P)

2022 JUN - 8 PM 2:10
ALLIANCE SEC. FL

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Esther LyLia Herrera Madrigal
12961 NW 7 LN
MIAMI FL 33182

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Esther LyLia Herrera Madrigal
12961 NW 7 LN
MIAMI FL 33182

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

Esther L. Hernandez
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.

Esther L. Hernandez
Incorporator

Date

2022 JUN -8 PM 2:10
TALLAHASSEE, FL