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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

: (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future _ annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION BEHAVIOR CHANGE SERVICES INC

Certificate of Status	0
Certified Copy	1
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Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE NAME: The name of the corporation i	s:
Behavior Change Services	1 10 0
ARTICLE II PRINCIPAL OFFICE:	1,701 6
The principal street address and mailing address is:	
11780 SW 89 ST HIAM! FI	33186
_SUITEZO4	~~
ARTICLE III SHARES: The number of shares of stock is:	100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	CERS:
Noelia Gelga REYES Alor	
J(ρ) Ι	<u>V.So</u> =
ARTICLE V INITIAL REGISTERED AGENT AND STREET	Γ A'DDRESS:
The name and Florida street address (PO Box not acceptable) of the reg	
Noclia Gelga Reyes Alons	<u>(2</u>
11780 SW 89 St miami	<u>-</u> FL
33186 Suite 204	
ARTICLE VI INCORPORATOR: The name and address of the	Toursenant ou in
NOELO GELOO REVES ALONS	~
11780 SW 89 St miam; Fl 33	4 3
Suite 204	

3052201440

Required Signatures:

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		
	W.	10/20/2022
	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 6.817.155, F.S.

Incorporator