

**P22000081982**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADA DREAMS BEHAVIOR CORP.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: ADA DREAMS BEHAVIOR CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address1607 SIESTA STREET  
LANTANA, FL 33462

Mailing address, if different is:

1607 SIESTA STREET  
LANTANA, FL 33462**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: MARICARMEN TORRES CONCEPCION - President

Name and Title: \_\_\_\_\_

Address 1607 SIESTA STREET  
LANTANA, FL 33462

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARICARMEN TORRES CONCEPCION  
 Address: 1607 SIESTA STREET  
LANTANA, FL 33462

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARICARMEN TORRES CONCEPCION  
 Address: 1607 SIESTA STREET  
LANTANA, FL 33462

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/23. (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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*

  
 Maricarmen Torres Concepcion (Nov 28, 2022 10:18 EST)

Required Signature/Registered Agent

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Maricarmen Torres Concepcion (Nov 23, 2022 10:19 EST)  
 Required Signature/Incorporator

Date \_\_\_\_\_

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 TALLAHASSEE, FL 32399  
 Date \_\_\_\_\_

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