

P22000087988Florida 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.

(((H22000402426 3)))



H220004024263ABCW

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 : 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: _____

TALLAHASSEE, FLORIDA
2022 NOV 29 AM 11:29**FLORIDA PROFIT/NON PROFIT CORPORATION**
5 START BEHAVIORS SERVICES INC

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

2022 3 PM 4:50

HL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

*** EFFECTIVE 1-2023****ARTICLE I NAME:** The name of the corporation is:5 START BEHAVIORS SERVICES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

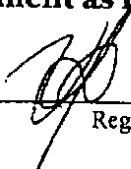
12460 SW 8 STREET SUIT 200 MIAMI FL 33184**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**YAIMA PINO CHIRINO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


YAIMA PINO CHIRINO9952 SW 8TH ST APT 142 MIAMI FL 33174**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YAIMA PINO CHIRINO9952 SW 8TH ST APT 142 MIAMI FL 331742022 NOV 29 AM 11:29
FALLA ASSET FIDELITY

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

X  _____ 11/29/2022
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 s.817.155, F.S.

X  _____ 11/29/2022
Incorporator Date

2022 NOV 29 AM 11:29
TALLAHASSEE, FLORIDA