3052201440

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.

(((H23000030690 3)))



H230000306903ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division - C.C.		
	Division of Cor	porations	
	Fax Number	: (850)617-6381	
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I20000000019	_
		: (305)552-5973	
		: (305)675-5944	ح. د.
440	nter the email ad	ddress for this business entity to be used for future	
775		- con to chia business entity to be used for future	
***	annual report	mailings. Enter only one email address please.**	-4-
***	annual report  Email Address:	mailings. Enter only one email address please.**	. :
**	annual report	mailings. Enter only one email address please.**	. :

## FLORIDA PROFIT/NON PROFIT CORPORATION ABC BEHAVIOR HEALTH INC

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

Electronic Filing Menu

2023

Corporate Filing Menu

Help



## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
ABC Behavior Health T	
ARTICLE II PRINCIPAL OFFICE:	1 1
The principal street address and mailing address is:	
_ 508, Hialeah Drive	
Svite # 4	<b>.</b>
HIALEAH EL 33010	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND CONTROL	<u> </u>
THE PROPERTY OF THE PROPERTY O	તો
Reing Robging VICE PRESIDENT	
- TOOGITE VICE PRESIDENT	. :
	<u>ئ۔</u> دی
	<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	SS:
The name and Florida street address (PO Box not acceptable) of the registered age	ent is:
Mania Towno	/
33010 Svite #4	- RU
ARTICLE VI INCORPORATOR: The name and address of the Incorporate	or is:
Jania Torono	101
358 Hittheah Drive Suite # 2	1
HILEAH PL BBOID	<del>}~~~</del>

## Required Signatures:

Having been named as registered agent to accept service of process for the above state 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

Registered Agent

01/.19/23

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.817.135, F.S.

Incorporator

Date

•

(L)