## 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.

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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 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:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION KELLY AND KEVIN BEHAVIORAL SERVICES CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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

**ARTICLE I** NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
15954 sw 151th s	st miami fl 33196	
		<del>_</del> .
<del></del>		_
ARTICLE III	SHARFS: The number of shares of stock is: 100	
ARTICL	E IV INITIAL DIRECTORS AND/OR OFFICERS:	
ayl <u>ene Jaçkeline</u>	San Gil (P)	
_		
	· · · · · · · · · · · · · · · · · · ·	
	INITIAL REGISTERED AGENT AND STREET ADDR	
The name and Flor	rida street address (PO Box not acceptable) of the registered a	gent i
iyle <u>ne jackeline sa</u>	an gil	
54 <u>sw 151 terrac</u>	e miami fl 33196	
ARTICLE VI	INCORPORATOR: The name and address of the Incorpora	itor is

. . . .

## 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 Registered Agent 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 \$.817.155, F.S.

Incorporato