

2/7/23, 9:40 AM

Division of Corporations

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Florida Department of State
Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BELIEVE DEEP BEHAVIOR CORP.**

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

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Electronic Filing Menu

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Help

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: BELIEVE DEEP BEHAVIOR CORP.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

7371 CLEVELAND STREET
HOLLYWOOD, FL 33024

Mailing address, if different is:

7371 CLEVELAND STREET
HOLLYWOOD, FL 33024

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 DIRECTORSName and Title: MARIA I. NUEVA MOLINA - P

Name and Title: _____

Address 7371 CLEVELAND STREET
HOLLYWOOD, FL 33024

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIA I. NUEVA MOLINA
 Address: 7371 CLEVELAND STREET
HOLLYWOOD, FL 33024

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARIA I. NUEVA MOLINA
 Address: 7371 CLEVELAND STREET
HOLLYWOOD, FL 33024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 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*

Maria I. Nueva Molina
 Required Signature/Registered Agent

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 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.

Maria I. Nueva Molina
 Required Signature/Incorporator

Date _____

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