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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Ivonramos24@yahoo.com

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CORPORATIONS
COMMERCIAL
REGISTRATION

**FLORIDA PROFIT/NON PROFIT CORPORATION
BEHAVIOR BREAKTHROUGHS CENTER INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BEHAVIOR BREAKTHROUGHS CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

391 LEE BLVDSUITE 200LEHIGH ACRES, FL 33936**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: 2**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: IVONNE RAMOS RAMOS / P

Name and Title: _____

Address 391 LEE BLVD

Address: _____

SUITE 200LEHIGH ACRES, FL 33936

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: IVONNE RAMOS RAMOS
 Address: 391 LEE BLVD , SUITE 200
LEHIGH ACRES, FL 33936

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: IVONNE RAMOS RAMOS
 Address: 391 LEE BLVD , SUITE 200
LEHIGH ACRES, FL 33936

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 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*_____
Required Signature/Registered Agent05/30/2023
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.*_____
Required Signature/Incorporator05/30/2023
Date

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