Division of Corporations Electronic Filing Cover Sheet

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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:_

FLORIDA PROFIT/NON PROFIT CORPORATION GROW&SHINE BEHAVIOR THERAPY CORP.

Certificate of Status	0
Certified Copy	ī
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Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Grow & Shine Behavior Therapy Corp.
ARTICLE IL PRINCIPAL OFFICE:
The principal street address and mailing address is:
4140 SW 107 15 Ct Miami, FL 33165
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Rosmery Cardenas (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Rosmery Cardenas
4140 SW 107th Ct Miami, FL 33165
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Rosmery Cardenas
4140 SW 107 \$ Ct Hiami, FL 33165

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 8/1/2023

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 at third degree felony as provided for in s.817.155, F.S.

Incorporator

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