Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CESPEDES CPA, INC Account Number : I20220000100 Phone : (786)452-4615 Fax Number : (844)773-3487

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

Email Address: manololan2004@yahoo com

KECEIVED 3AUG-7 AM 8: 03 FLORIDA PROFIT/NON PROFIT CORPORATION
ART & BEHAVIOR CORP

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Corporate Filing Menu

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

name of the corporat	ion shall be:	ART & BEHAVIOR CORP		
<u> 19816</u>		Mailing address, if different is:		
FICLE III PURPO outpose for which th	e curporation is organized is:	'ANY AND ALL LAWFUL BUSII	NESS'	
·-····································				
			J	
ICLE IV SHARE, number of shares of sh	S ock is:500 OFFICERS AND/OR DIRECTOR	<u>ਲ</u>		
ICLE IV SHARE, number of shares of sh	S ock is: OFFICERS AND/OR DIRECTOR RAFAEL C. CALVOS/PRESII 19816 SW 123RD PL	Name and Title:		
ICLE IV SHARE, number of shares of states of states. ICLE V INITIAL Name and Title:	S ock is: 500 OFFICERS AND/OR DIRECTOR RAFAEL C. CALVOS/PRESII			
ICLE IV SHARE, number of shares of states. ICLE V INITIAL Name and Title: Address	S 500 ock is: 500 OFFICERS AND/OR DIRECTOR RAFAEL C. CALVOS/PRESII 19816 SW 123RD PL MIAMI FL 33177			
ICLE IV SHARE, number of shares of states of shares and Title: Address	S 500 ock is: 500 OFFICERS AND/OR DIRECTOR RAFAEL C. CALVOS/PRESII 19816 SW 123RD PL MIAMI FL 33177	Address: Name and Title: Name and Title:		
ICLE IV SHARE, number of shares of states and Title: Address Name and Title: Address Address	S 500 ock is: 500 OFFICERS AND/OR DIRECTOR RAFAEL C. CALVOS/PRESII 19816 SW 123RD PL MIAMI FL 33177	Address: Name and Title: Name and Title:		

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Name and Title	e:	_ Name and Title:	·····
Address		Address:	

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			i
ARTICLE VI REGI			
The name and Florida	street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	RAFAEL C. CALVOS	<u></u>	
Address:	19816 SW 123RD PL	_	
	MIAMI FL 33177	_	
ARTICLE VII INCO	<u>DRPORATOR</u>		i
The name and address	of the Incorporator is:		,
Name:	RAFAEL C. CALVOS	_	
Address:	19816 SW 123RD PL	_	
	MIAMI FL 33177	<u>.</u>	
ARTICLE VIII EFF	ECTIVE DATE: than the date of filing:	. (OPTIONAL)	
(If an effective date is filing.)	listed, the date must be specific and cannot	it be more than five days prior	or 90 days after the
Note: If the date insert	led in this block does not meet the applicable	statutory filing requirements, th	is date will not be listed as
	e date on the Department of State's records.		
Having been named as	registered agent to accept service of process for with and accept the appointment as register	or the above stated corporation at	the place designated in this
Distr	e with and accept the appointment as register		
Ka 20 (20 (20 (20 (20 (20 (20 (20 (20 (20			08/06/2023
	Required Signature/Registered Agent		Date SS .
I submit this document document to the Depart	t and affirm that the facts stated herein are ment of State constitutes a third degree felon	true. I am aware that the false or as provided for in \$ 817,155. F.:	information submitted in a
04			
2000-200-200-200-200-200-200-200-200-20	Required Signature/Incorporator		08/06/2023 œ