lorida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (859)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 Add	lress:
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FLORIDA PROFIT/NON PROFIT CORPORATION TRUE LIFE BEHAVIOR NETWORK, INC

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

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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:

TRUE LIFE BEHAVIORAL NETWORK, INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address in
13550 NKENDALL Dr SuitELDA
MIANI, FL 33186
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Odeimys Alvarez (P)
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<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
- UNEIMUS AIVAREZ
10951 SW 154Th ST
MIAMI, FL 33157
ADTICLEM
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Udelmys Alvarez
10951 SW 154 ST

Required Signatures:

3052201440

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 08/34/2023.

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

| 108/24/2023 | 1000 24 PH 3: 25