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 YW BEHAVIOR THERAPIST CORP

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:		
Th	he principal street address and mailing addres	ss is:	
14853	500 loust High Fl 2	3186	
16, 198	5 500 104 St, Higmi Fl 35		
<del></del> _			
A DAW OF THE		100	
ARTICLE III SI	<b>HARES:</b> The number of shares of stock is: _	100	
ARTICLE I	IV INITIAL DIRECTORS AND/OR	OPETOEURO.	
Yailen 1	Velazquez (P)	OFFICE S:	
		(n)	20 <b>7</b>
		<u></u>	70 <b>73</b> SEP
			-5 -5
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		Ti ST	8: 1
			16
ARTICLE V II	NITIAL REGISTERED AGENT AND ST	PEET ATTENDED	
The name and Florida	a street address (PO Box not acceptable) of th	ne registered agent is:	
	lazquez_		
14 853 Sw	104 St . Hiami Fl 33196		
10 104	NCORPORATOR: The name and address of		
ARTICLE VI IN		f the Incorporator is:	

## 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



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

Tincorporator O9/01/23

C tte

FILED

2023 SEP -5 AN 8: 16

SFOREYARY OF STATE