

P23000068676

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000334552 3)))



H230003345523ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
JECOL BEHAVIOR PROFESSIONAL SERVICES INC**

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

RECEIVED

2023 SEP 22 PM 2:53

2023 SEP 22

Electronic Filing Menu

Corporate Filing Menu

Help

2023 SEP 22 PM 7:30

2023 SEP 22 PM 7:30

MA
MO

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Iecol Behavior Professional Services**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3125 SW 108th Ave, Miami FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jessica Colome Diaz (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jessica Colome Diaz
3125 SW 108th Ave, Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jessica Colome Diaz
3125 SW 108th Ave, Miami FL 33165

2022 SEP 22 AM 7:21

EIN: 93-3547005

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 Agent09/22/23

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.



Incorporator09/22/23

Date2022 SEP 22 AM 7:21
FALL A. STATE OF FLORIDA