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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

: (305)552-5973

: (305)675-5944 Fax Number

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

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FLORIDA PROFIT/NON PROFIT CORPORATION CMMLARA BEHAVIOUR INC.

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

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Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| CMMLara Behaviour Inc. | |
|--|-----------------|
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 12710 SW 43rd Dr. Micmi, FL. 7IP. | 73175 |
| , | |
| | |
| ARTICLE III SHARES: The number of shares of stock is: | 00 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFIC | Ę; <u>RS:</u> ∖ |
| Carlos Manuel Martinez Lara | <u>P</u>) |
| | |
| | <u></u> |
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| ARTICLE V INITIAL REGISTERED AGENT AND STREET | |
| The name and Florida street address (PO Box not acceptable) of the regis | iered agent is: |
| 12710 SWI 42 Dr | |
| Miami Fl 33175 | |
| 1 119111) | |
| ARTICLE VI INCORPORATOR: The name and address of the In | corporator is: |
| CARLOS MANUEL MORTINEZ | Lara |
| 12710 SW 43 Dr. | |
| MIAMI +L 33175 | |

EIN: 93 - 3695067

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 familian with and accept the appointment as registered agent and agree to act in this capacity

CMM (a)
Registered Agent Date

I submit this document and affirm that the facts stated herein are time. 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.

Incorporator

Date

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