

To:

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
BEHAVIOR HEAL CENTER INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: BEHAVIOR HEAL CENTER INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
5077 NW 7th ST. #1415
MIAMI, FL 33126Mailing address, if different is:
5077 NW 7th ST. #1415
MIAMI, FL 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LETICIA MARTINEZ RIVERO - P

Name and Title: _____

Address 5077 NW 7th ST. #1415

Address: _____

MIAMI, FL 33126

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

To:

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2023-10-13 16:57:38 GMT

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From: Yanet Avila

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LETICIA MARTINEZ RIVERO

Address: 5077 NW 7th ST. #1415

MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LETICIA MARTINEZ RIVERO

Address: 5077 NW 7th ST. #1415

MIAMI, FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

10/12/23

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.



Required Signature/Incorporator

10/12/23

Date