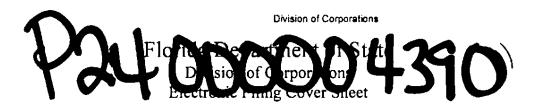
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another		
To:	Division of Corporations		
	Fax Number : (850)617-6381		
From:			
	Account Name : WISE TAX FIRM INC. Account Number : I20210000018		
	Phone : (786)620-0001 Fax Number : (786)227-6631		
	1 DA HUMDEI . (100) 221 20031		
ar .	the email address for this business enual report mailings. Enter only one on the mail Address:	ntity to be use email address pl	d for future lease.**
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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

## ARTICLE I NAME: The name of the corporation is:

<u>o</u> r	The name of the corporation is.	
	HEI BEHAVIORAL THERAPY INC	
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	1009 NW 19TH PL	
	CAPE CORAL, FL 33993	
ARTICLE III	SHARES: The number of shares of stock is: 100	
ARTICI	E IV INITIAL DIRECTORS AND/OR OFFICERS:	
	IRHOMIS MENDOZA BERNAL- PRESIDENT	
	1009 NW 19TH PL	
	CAPE CORAL, FL 33993	
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Fl	orida street address (PO Box not acceptable) of the registered agent i	s
	IRHOMIS MENDOZA BERNAL	
	1009 NW 19TH PL	
	CAPE CORAL, FL 33993	ა ე ე
ARTICLE VI	INCORPORATOR: The name and address of the Incorporator is	021 HALLS:
(BAN A A COLOR T. A.	IRHOMIS MENDOZA BERNAL	5
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CAPE CORAL, FL 33993

## Required Signatures:

appointment as registered agent a	rtificate, I am familiar with and acce and agree to act in this capacity
	01/17/2024
Registered Agent	Date
nit this document and affirm that the fact	ts stated herein are true. I am aware t
lse information submitted in a document	to the Department of State constitute
mit this document and affirm that the fact lse information submitted in a document degree felony as provided for in s.817.155	to the Department of State constitute