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.

(((H24000030745 3)))



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

o:			
	Division of (	Corporations	
	Fax Number		

From:

Account Name : DMG FINANCIAL SERVICES INC

Account Number : I20230000151 Phone : (305)595-2407 Fax Number : (305)595-2408

\*\*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 PAREDES BEHAVIORAL, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help



## COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

UBJECT: PAREI	DES BEHAVIORAL, INC	AND MARKET AND CO. LAND.	
	(FROTOSED CORPOR)	ATE NAME ~ <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	da check for:
<b>©</b> \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
		ADDITIO, VAL CO	T T REQUIRED
<b>.</b>	ABLA C BUTZ		
FROM: M	TRIA E RUIZ	- (Dullander Branch	
		(Printed or typed)	
775	50 SW 117TH AVE SUITE 203		
<del></del>	/	Address	
ML	AMI FLORIDA 33183		
	<u> </u>	C 5 (7)	
	<u>-</u>	State & Zip	
305	595-2407		
	Daytime T	elephone numbe:	
MAR	JAQUIROS9@HOTMAIL.COM		
_	E-mail address: (to be used	for future annual report no	utification)
	·	,	<u>-</u> -
	OTE: Please provide the or		

2024 JAI. 23 AL 9: 00

January 16, 2024

Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: PAREDES BEHAVIORAL, INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

, Kaltilie Parelles



3055952408

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

	RINCIPAL OFFICE			
	Principal street address		N 4 40	
855 SW 132 ST	REET SUITE 104	Mailing address, if different is		
MIAMI FLORIDA 33186		<del> </del>		
TICI.E III PU	/RPOSE			
purpose for wh	ich the corporation is organized is: ANY	AND ALL LEGAL PL	JRPOSES	
<b></b> .				
CIE III				
umber of shares	of stock is: 100			
		<del></del>		
CI.E V INIT	TAL OFFICERS AND/OF DIRECTORS			
Name and Ti	He: KATHERINE I. PAREDES, PRES	Name and Title.		
Address				
	MIAMI FLORIDA 33186	Address:		
	33/12/13/136			
Name and Title				
Name and Title	c:	Name and Title:_		
Name and Title		Name and Title:		
Name and Title Address	c:	Name and Title:		
Name and Title Address	c:	Name and Title:		
	c:	Name and Title:Address:		
	c:	Name and Title:Address:		
	c:	Name and Title: Address:  Name and Title:	15.15.6 15.15.6 15.15.6	
Name and Title	c:	Name and Title: Address:  Name and Title:	2024 Ah	
Name and Title	c:	Name and Title: Address:  Name and Title:	2024 JAI: 23	
Name and Title	c:	Name and Title: Address:  Name and Title:	2024 Ah	

Nam	e and Title:			
Add	e and Title:	Name and Title:		
		Address:		
				<del></del>
ARTICI, E 1/1 The name and	REGISTERED AGENT			
Name:	KEGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the KATHERINE I PAREDES	registered agent is:		
Address:	12855 SW 132 STREET SUITE 104			
	MIAMI FLORIDA 33186			
ARTICLE VII	INCORPORATOR			
	ddrees of the Incorporator is:			
Name:	KATHERINE I PAREDES			
Address:	12855 SW 132 STREET SUITE 104			
	MIAMI FLORIDA 33186			
(If an effective defiling.)	EFFECTIVE DATE: other than the date of filing: the is listed, the date must be specific and cannot be must be specific and cannot be museried in this block does not meet the applicable statuto ective date on the Department of State's records.	ore than five days pr	ior or 90 days aft	er the
Having been name	i as registered agent to accept service of process for the or villar with and accept the appointment as registered agen			
	Required Signature/Registered Agent	<u> </u>	01/16/2024	
document to the De	nent and affirm that the facts stated herein are true. I deartment of State constitutes a third degree felony as prov	in aware that the fals ided for in s.817.155, j	Date e information subs F.S.	nined in a
Required Signature	TAVAL)	···	01/16/2024	
		Date	TALL	1024 JAN 23
			÷ -	Aiti 9:
			·-	9: 05