

To:

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From: Vanet Avila

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Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE HANDS BEHAVIOR GROUP CORP.**

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

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MS

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

ARTICLE I NAMEThe name of the corporation shall be: BLUE HANDS BEHAVIOR GROUP CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2951 49th LN SW
NAPLES, FL 34116Mailing address, if different is:
2951 49th LN SW
NAPLES, FL 34116**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: KATIA FOYO RODRIGUEZ - PAddress: 2951 49th LN SW
NAPLES, FL 34116

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: KATIA FOYO RODRIGUEZAddress: 2951 49th LN SWNAPLES, FL 34116**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: KATIA FOYO RODRIGUEZAddress: 2951 49th LN SWNAPLES, FL 34116**ARTICLE VIII EFFECTIVE DATE**

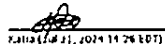
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept 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.*
Folio 1400 MM 1-1-1887

Required Signature/Registered Agent

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.
Folio 1400 MM 1-1-1887

Required Signature/Incorporator

Date _____

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