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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
DUBOIS BEHAVIORAL THERAPY INC.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DUBOIS BEHAVIORAL THERAPY INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address11978 SW 253rd TERHOMESTEAD, FL 33032-6010

Mailing address, if different is:

11978 SW 253rd TERHOMESTEAD, FL 33032-6010**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: JESSICA DUBOIS - P

Name and Title: _____

Address 11978 SW 253rd TER

Address: _____

HOMESTEAD, FL 33032-6010

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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: JESSICA DUBOISAddress: 11978 SW 253rd TERHOMESTEAD, FL 33032-6010**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: JESSICA DUBOISAddress: 11978 SW 253rd TERHOMESTEAD, FL 33032-6010**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*/s/ Jessica Dubois
Required Signature/Registered Agent10/14/2024
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.*/s/ Jessica Dubois
Required Signature/Incorporator10/14/2024
Date