

PAY000072460

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PARADIGM BEHAVIORAL THERAPY CORP.**

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Address _____ Address: _____

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: REBECCA BELTRAN

Address: 7650 SW 117 AVENUE

MIAMI, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: REBECCA BELTRAN

Address: 7650 SW 117 AVENUE

MIAMI, FL 33183


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


REBECCA BELTRAN (Dec 2, 2024 11:38 EST)
Required Signature/Registered Agent

11/25/2024
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.


REBECCA BELTRAN (Dec 2, 2024 11:38 EST)
Required Signature/Incorporator

11/25/2024
Date

11/25/2024