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PICK-UP WAIT MAIL

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TALLAHASSEE, FL

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEHAVIOR WELLNESS SOLUTIONS FOR

KIDS INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: BEHAVIOR WELLNESS SOLUTIONS FOR KIDS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: L & M ACCOUNTING SERVICES INC

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

3055952407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

The name of the corporation shall be: BEHAVIOR WELLNESS SOLUTIONS FOR KIDS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8425 SW 45 STREET

MIAMI FLORIDA 33155

Mailing address, if different is:

7750 SW 117TH AVE SUITE 203

MIAMI FLORIDA 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTHA K HERNANDEZ, PRES

Name and Title: _____

Address: 8425 SW 45 STREET

Address: _____

MIAMI FLORIDA 33155

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FL

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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: MARTHA K HERNANDEZ
 Address: 8425 SW 45 STREET
MIAMI FLORIDA 33155

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARTHA K HERNANDEZ
 Address: 8425 SW 45 STREET
MIAMI FLORIDA 33155

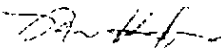
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/14/2021 (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

 03/11/2021
 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.

 03/11/2021
 Required Signature/Incorporator Date

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