# Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

from:

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

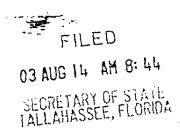
Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

# · FLORIDA PROFIT CORPORATION OR P.A.

MENTAL WELLNESS INC.

Certificate of Status		0
Certified Copy		1
Page Count	_	05
Estimated Charge		\$78.75

8/14/03 10:51 AM



# ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation act, do herby adopt the following articles of incorporation:

# ARTICLE ONE

The name of the corporation is Mental Wellness Inc.

# ARTICLE TWO

The duration of the corporation is perpetual.

# ARTICLE THREE

The general purpose for which the corporation is organized are:

1.- To engage in the business of psychiatric services.

- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Acr.
- 3.- To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY:



# ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

#### ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

# ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

# ARTICLE SEVEN

The street address of the initial business office of the corporation is 4315 Alton Road; Mismi Becch, Florida 33140 and the name of its initial registered agent is Florida Van Riel.

#### ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is one(1). The name and address of each person who is to serve as a member of the initial board of directors is:

NAME

ADDRESS

Firvia Van Riel

4315 Alton Road Missi Beach, Florida 33140°

# ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

# . ARTICLE TEN

The name and address of each incorporator is:

NAME

ADDRESS

Flavia Van Riel

4315 Alton Road Mismi Beach, Florida 33140

Executed by t	the undersigned	at,	MIAMI, FLORIDA	
On August 13	, <del>22</del> _2003 ·			

FILED

03 AUG 14 AM 8: 45

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OF HOMESTATE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING ASENTAULONEWHELDORIDA PROCESS MAY BE SERVED.

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In pursuance of Chapter 607.34 submitted, in compliance with said	Florida Statutes, t d Act:	he following is
First-That Mental Wells	gess Inc	
(NAME	OF CORPORATION)	
desiring to organize under the 1	aws of the State of	FLORIDA
	<del>_</del>	(FLORIDA)
,		•
with its principal office, as in	dicated in the artic	les of
incorporation at City of	- 7/2 7	county
incorporation at City of	- (CITY)	,
	=	
of DADE (COUNTRY)	.State of	l'LORIDA
(COUNTRY)		(STATE)
	<u> </u>	
has named Flavia Van	Riel	
TMAN)	OF RESIDENT AGENT)	
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Incated at A315 Alton Road:	Missi Beach, Fl 33140	
located at 4315 Alton Road; (STREET ADDRESS AN ROST OFFICE BOX A	O MIMERR OF BUTTOTNO	
DOST OFFICE BOX &	DDRESS NOT ACCEPTABL	É.Y
		,2,
city of FLORIDA	. County o	f DADE
city of FLORIDA (CITY)		(COUNTRY)
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State of Florida, as its agent t this state.	o accept service of	process within
ACKNOWLEDGEMENT: (MUST BE SIGNE	D BY DESIGNATED AGEN	TT)
Having been named to accept se stated corporation, at place des hereby accept to act in this cap provision of said Act relative t	ignated in this cert acity, and agree to	ificate. T comply with tha
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••	BX	70
		NYTURE
•		RED AGENT
		(MI)
	INCC	RPORATOR