

P96000012758

TRANSMITTAL LETTER

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
95 FEB -7 PM 2:25

EFARO BEHAVIORAL HEALTHCARE CENTER, INC.

SUBJECT: \_\_\_\_\_  
(Proposed corporate name- must include suffix)

000001709070  
-02/07/96--01036--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

(x) \$70.00      ( ) \$78.75      ( ) \$122.50      ( ) \$131.25

FROM: EMANUEL LATIMORE  
\_\_\_\_\_  
Name (printed or typed)  
1820 N.W. 172nd TERRACE  
\_\_\_\_\_  
Address  
MIAMI, FL 33056  
\_\_\_\_\_  
City, State & Zip  
(305) 758-5451  
\_\_\_\_\_  
Daytime Telephone Number

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

RECORDED  
96 FEB 27 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

EFARO BEHAVIORAL HEALTHCARE CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

1820 N.W. 172nd. TERRACE, MIAMI, FL 33056

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES in 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMANUEL LATIMORE  
1820 N.W. 172nd. TERRACE  
MIAMI, FL 33056

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

EMANUEL LATIMORE  
1820 N.W. 172nd TERRACE  
MIAMI, FL 33056

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
SECOND FEBRUARY  
\_\_\_\_\_ day of \_\_\_\_\_, 1996.

  
\_\_\_\_\_

Signature

---- oOo ----

\_\_\_\_\_  
Signature

---- oOo ----

\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT. IN THE STATE OF FLORIDA.

55 FEB 7 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: EFARO BEHAVIORAL HEALTHCARE CENTER, INC.

2. The name and address of the registered agent and office is:  
EMANUEL LATIMORE

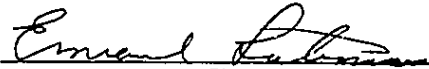
1820 N.W. 172nd TERRACE

(P.O. Box not acceptable)

MIAMI, FL 33056

(City/ State/ Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)