

# No 1000006558

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## LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-09/14/01--01074--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MIAMI DADE BEHAVIORAL SERVICES, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- Walk in
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- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

2001 SEP 14 PM 2:48  
TO ACCOMPLISH SUFFICIENCY OF FILING

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

01 SEP 14 PM 3:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

9/14  
Examiner's Initials

ARTICLES OF INCORPORATION

FOR

FILED  
01 SEP 14 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

MIAMI DADE BEHAVIORAL SERVICES, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

830 NE 144 ST, N-MIAMI, FLA. 33161

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

CASE MANAGEMENT, HOUSING FOR YOUTH,  
SOCIAL SERVICES, and COUNSELING.

ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

BY THE BYLAWS

**ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

DAVID EBANKS

830 NE 144 ST, N-MIAMS, FLA, 33161

**ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS**

DAVID EBANKS, 830 NE 144 ST N-MIAMI, FLA, 33161

ROSE HOMZIE-VALENY, 1022 NE 210 EER. N-MIA, FLA, 33171

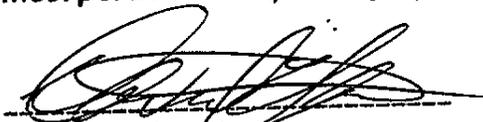
SANTIAGO DeLA ROCA, 830 NE 144 ST N-MIAMS, FLA 33161

**ARTICLE VIII INCORPORATOR**

The name and street address of the incorporator for these Article of Incorporator is: DAVID EBANKS

830 NE 144 ST N-MIAMS, FLA 33161

The undersigned incorporator has executed these Articles of Incorporation this 12 day of SEPT, 2001



signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is:

MIAMI DADE BEHAVIORAL SVCS, INC.  
(must include suffix)

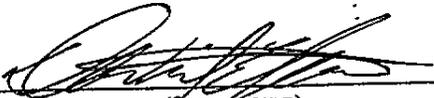
2. The name and address of the registered agent and office is:

DAVID EBANKS  
(NAME)

830 NE 144 ST W - MIAMI, FLA, 33161  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLA, 33161  
(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)

9-1-10  
01 SEP 10 PM 3:50  
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SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA