NO3000006159

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400019191134

16 112.163 - 111088 - 1913 ** 78.75

PILED

O3 JUL 17 AH 9: 35

SECRETARY E-SIE

1.18.03

1303-16240

TRANSMITTAL LETTER

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

SUBJECT: Dade Be	havior and Alternative, C			
	(PROPOSED CORPORATE	NAME – <u>MUST INCLUI</u>	DE SUFFIX)	
Enclosed is an original as	nd one(1) copy of the article	s of incorporation and a	check for:	
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
	•			
FROM:	Ardo Mesa			
Name (Printed or typed)				
	2310 W. Flagler Street			
	Address		-	
	Miami, FL 33135			

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

Daytime Telephone number

(305) 642-7321

City, State & Zip



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 6, 2003

ARDO MESA 2310 W. FLAGLER ST MIAMI, FL 33135

SUBJECT: DADE BEHAVIOR AND ALTERNATIVE, CORP.

Ref. Number: W03000016240

We have received your document for DADE BEHAVIOR AND ALTERNATIVE, CORP, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves Document Specialist New Filings Section

Letter Number: 403A00035530



ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Community Dade Behavior and Alternative, Corp.

FILED

03 JUL 17 AM 9: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2338 NW 35th Street, Miami, FL 33142 P.O. Box 370793, Miami, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Assesment- psychosocial evaluation, socioeconomic factors;

Group Counseling Interventions- to address the unique emotional; Basic Substance Abuse Counseling- vocational and educational.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected through a meeting held once a year.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Adan Jimeno - President - 2338 NW 35th Street, Miami, FL 33142 Esther Couvertier - Vice-President - 600 NE 36th Street #1007, Miami, FL 33137 Luis Beltran - Treasurer - 1660 NW 15th Street Rd. # 4, Miami, FL 33125 Ardo Mesa - Secretary - 2310 W. Flagler Street, Miami, FL 33135

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Adan Jimeno - 2338 NW 35th Street, Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adan Jimeno - 2338 NW 35th Street, Miami, FL 33142

**************************************	**************************************
in this certificate, am familiar with and accept the appointment as registe	ered agent and agree to act in this capacity. $6)36-03$
Signature/Registered Agent	Date
Signature/Incorporator	(6) 26/03 Date