

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000002661350--5  
-10/12/98--01060--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. BEHAVIORAL THERAPEUTIC CENTER corp  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" 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

FILED  
98 OCT 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
98 OCT 12 AM 10:40  
DIVISION OF CORPORATE

Examiner's Initials

**ARTICLES OF INCORPORATION**

**FOR**

BEHAVIORAL THERAPEUTIC CENTER CORP.

98 OCT 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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:

BEHAVIORAL THERAPEUTIC CENTER *Corp.*

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

120 BEACON BLVD.  
MIAMI, FLORIDA, 33135

**ARTICLE III PURPOSE(S)**

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

TO PROVIDE SUBSTANCE ABUSE OUTPATIENT,  
PREVENTION AND DAY TREATMENT SERVICES.

IN ADDITION PSYCHIATRIC OUT PATIENT TREATMENT FOR CHILD/ADULT AND  
GERIATRICS

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

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

BY THE LAW

## **ARTICLE V LIMITATION OF CORPORATE POWERS**

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

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

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

ROSA GARCIA  
9290 S.W. 148 St.  
Miami, Florida, 33176

## **ARTICLE VII INCORPORATORS**

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

ROSA GARCIA.- 9290 S.W. 148 St., Miami, Florida, 33176  
LEONOR GONZALEZ.- 15304 S.W. 169 Lane, Miami, Florida, 33187  
RUBEN CORTEGUERA.- 15304 S.W. 169 Lane, Miami, Florida, 33187  
MARIA VEGA.- 621 West 28 St. Hialeah, Florida, 33010

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
09 day of OCTOBER, 19 98.

Signature(s) of the Incorporator(s)

Rosa Garcia

ROSA GARCIA

Typed name of incorporator signing

Leon Gonzalez  
Ruben Corteguer  
Maria Vega

LEONOR GONZALEZ

Typed name of incorporator signing

RUBEN CORTEGUERA

MARIA VEGA

Typed name of incorporator signing

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

Pursuant to the provisions of sections 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.

1. The name of the corporation is: BEHAVIORAL THERAPEUTIC CENTER CORP.

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

ROSA GARCIA

(NAME)

9290 S.W. 148 St. Miami, Florida, 33176

(P.O. BOX NOT ACCEPTABLE)

(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

*Rosa Garcia*

DATE 09/10/98

98 OCT 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00