

N98000005830

MARIELA M. FRASER

Requestor's Name

2446-B Ryan Place

Address

Tallahassee FL 32308

City/State/Zip

Phone #

668-3796

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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98 OCT -9 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input 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

Attn: Beth

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

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W98-23089

SUNSHINE COMMUNITY MENTAL HEALTH CENTER, INC.
490 FISHERMAN STREET, OPA-LOCKA, FL. 33054

AFFIDAVIT OF NAME RELEASE

I, Ruben Santana, Chief Executive Officer of Sunshine Community Mental Health Center, Inc., do hereby release the name of
SUNSHINE COMMUNITY MENTAL HEALTH CENTER, INC.

I hereby declare that I have no intention to revoke this dissolution
as of this date, October 9, 1998.

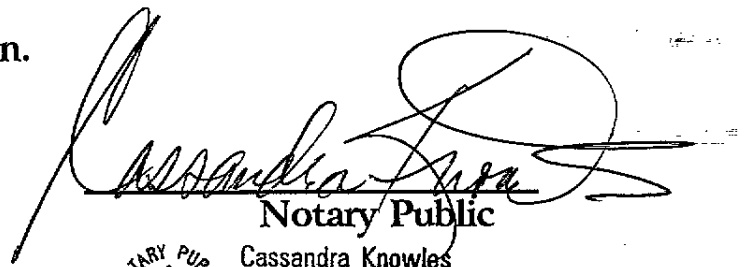

RUBEN SANTANA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida
Miami-Dade County

Before me this 9th day of October, 1998, appeared Ruben Santana, who
after being duly sworn, deposes and says the above statement is true and
correct.

Produced driver's license as identification.


Notary Public
Cassandra Knowles
Commission # CC 577923
Expires AUG. 18, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

NOTARY PUBLIC
STATE OF FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

SUNSHINE COMMUNITY MENTAL HEALTH CENTERS, INC.

The undersigned hereby associate together for the purpose of becoming a Nonprofit Corporation under the laws of the State of Florida, in compliance with Chapter 617, F.S., providing for the formation, liability, rights, privileges, and immunities of a corporation not for profit.

ARTICLE ONE

The name of this corporation shall be: SUNSHINE COMMUNITY MENTAL HEALTH CENTERS, INC.

ARTICLE TWO

The principal place of business/mailing address is:

SUNSHINE COMMUNITY MENTAL HEALTH CENTERS, INC.
490 FISHERMAN STREET,
OPALOCKA, FLORIDA 33054

ARTICLE THREE

This corporation shall commence its existence on the date that the charter is issued by the Department of State, of the State of Florida, and is to have perpetual existence.

ARTICLE FOUR

The main purpose for which this corporation is organized as a Community Mental Health Clinic with a partial hospitalization program, is to provide out patient and in patient services, rendering mental health therapy for children, adults, the elderly and any other individuals who are seriously mentally ill.

ARTICLE FIVE

The manner in which the directors are elected or appointed will be done in accordance with the By-Laws of the Corporation.

ARTICLE SIX

The name and address of the initial Registered Agent of the corporation is:

MARIELA M. FRASER
2446-B Ryan Place
Tallahassee, Fl 32308

ARTICLE SEVEN

The number of Directors may be either increased or decreased from time to time by the by-laws, but shall never be less than three.

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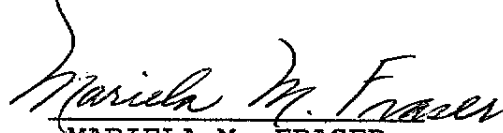
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE EIGHT

The name and address of the initial incorporator is:

MARIELA M. FRASER
2446-B Ryan Place
Tallahassee, Fl 32308

THE UNDERSIGNED, being the original incorporator hereinabove named for the purpose of forming a corporation not for profit to do business, both within and without the State of Florida, do hereby make, subscribe, acknowledge, and file these Articles of Incorporation, hereby declaring and certifying that the facts stated herein are true.



MARIELA M. FRASER

DESIGNATIONS OF REGISTERED AGENT

Sunshine Community Mental Health Centers, Inc., pursuant to this Articles of Incorporation filed of even date herewith, and in accordance to Florida Statutes hereby designate Mariela M. Fraser as its Registered Agent upon whom process may be served at 2446-B Ryan Place, Tallahassee, Florida 32308.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above named Corporation, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida laws relative to keeping the designated office open.


MARIELA M. FRASER
REGISTERED AGENT