TRANSMITTAL LETTER

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

400002788024 *****78.75 *****78.75

SUBJECT: Pediatric Bereavement Team Inc.
(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

□\$78.75 Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

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

ARTICLES OF INCORPORATION

	900	F/I
The undersigned incorporator, for the purpose of forming a corporation under the Flori	da = 1, = 1, EB =	ED
The undersigned incorporator, for the purpose of forming a corporation under the Floris Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: ARTICLE I NAME The name of the corporation shall be:	74/94	FILED == SAMII: 50
· · ·	AHARITY	""1/1: C
ARTICLE I NAME	-	14 ST 20
The name of the corporation shall be:	',	12081E
Pediatric Bereavement Team Inc.	-	"IVA
4 D T 50 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	=	-
	JACKSON C	
		MEDICAL CENTER
1811	NW 12th Avenue	(Holtz Center 6005)
ARTICLE III PURPOSE(S)	Mlami, Flor	lda 88136
The specific purpose(s) for which the corporation is organized is(are):		
The Purpose of the Pediatric Bereavement Team is to	identify	and halo
I'V TOLEN I THE MODELING AND A COLOR AND TO THE I		
Providers before, After, and during the death and ARTICLE IV MANNER OF ELECTION OF DIRECTORS	es, and	health earc
ARTICLE IV MANNER OF ELECTION OF DIRECTORS	olying pr	ocess.
The manner in which the directors are elected or appointed is:		
Namination and The	_	
Nomination and Election as stated in t	he bylau	? \$
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	200	
The name and Florida street address of the initial registered agent are:	<u>.55</u>	
Ms. Delia Cano Alonso	=	
14258 Sw 245+		
Miami, Florida 33175	 -	
ARTICLE VI INCORPORATOR		
The name and address of the Incorporator to these Articles of Incorporation are:	-	
Ms. Delia Cano Alonso	_ -	
14258 SW 245+	=-	
Miami Fl		
Delia Com Maria	100	
Signature/Incorporator	179	
Dia Control of the Co	ite	
(An additional article must be added if an effective date is requ	ested.)	
Having been named as registered grant and to account and		
Having been named as registered agent and to accept service of process for the above stated designated in this certificate. I havely accept the province of process for the above stated	d corporation at	the place

in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther 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/Registered Agent