

OFFICE USE ONLY (Document #)

LEZARUS 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

100002802311--6

-03/11/99--01050--029

*****78.75 *****78.75

OFFICE USE ONLY

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

1. SOUTHEASTERN BEHAVIORAL HEALTH
(Corporation Name) (Document #)

2. CARE INSTITUTE, INC.
(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 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

Examiner's Initials

FILED
99 MAR 16 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA. Winter Gue
W99-5944
3/16



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 11, 1999

LAZARUS

MIAMI, FL

SUBJECT: SOUTHEASTERN BEHAVIORAL HEALTH CARE INSTITUTE, INC.
Ref. Number: W99000005944

We have received your document for SOUTHEASTERN BEHAVIORAL HEALTH CARE INSTITUTE, INC.. However, the document has not been filed and is being returned for the following:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 999A00011651

DIVISION OF CORPORATIONS
99 MAR 16 AM 11:26

STATE OF FLORIDA

ARTICLES OF INCORPORATION
OF
SOUTHEASTERN BEHAVIORAL HEALTH CARE INSTITUTE, INC.

99 MAR 16 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We, the undersigned, being of legal age and natural persons, do hereby, subscribe to, and file the following Articles of Incorporation for the purpose of creating a nonprofit corporation under the laws of the State of Florida

ARTICLE I

The name and address of this principal corporation is:

SOUTHEASTERN BEHAVIORAL HEALTH CARE INSTITUTE, INC.
1901 S.W. 1st Street
Miami, Florida 33135
Miami Dade County

The corporation is organized pursuant to the Florida Nonprofit Corporation Code.

ARTICLE II

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The programs will consist of : Advocacy Outreach for the Mentally Ill, those suffering from addictive diseases and imuno deficiencies. But shall not be limited to: Treatment, Education, Recreational Activities, Job Training, Job placement, Housing, Employment, Literacy, Counseling, Teenage Pregnancy, Substance Abuse Treatment, Awareness and Prevention, AIDS, Elderly Care, Consulting, Family Planning, Response to National and/or International Disasters and other programs to aid those in need. The corporation plans to develop such programs in the State of Florida, The United States of America and any other country so designated by the Board of Directors.

ARTICLE III

The duration of this corporation shall be perpetual, no stock and shall have no members.

ARTICLE IV

The address of the Registered Office is :

1901 S.W. 1st Street
Miami, Florida 33135

The name and address of the registered agent of the corporation shall be:

Argelio Alfonso
1901 S.W. 1st Street
Miami, Florida 33135

ARTICLE V

(a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the United States of America Internal Revenue Code.

(b) Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code.

ARTICLE VI

The Directors are elected in accordance with the bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Jose M. Roig President	1901 S.W. 1st Street Miami, Florida 33135
Jesus Gazquez Vice-President	1560 S.W. 139 Avenue Miami, Florida 33184
Argelio Alfonso Treasurer	1901 S.W. 1st Street Miami, Florida 33135

ARTICLE VII

The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assests of the corporation/organization shall ever inure to the benefit of, or be distributable to its members, trustees, directors, officers or other private persons, except that the corporation/organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of section 501(c)(3) purposes. No substantial part of the activities of the corporation/organization shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation/organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office

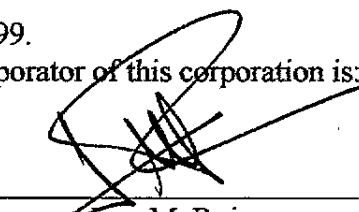
ARTICLE VIII

On the dissolution or winding up of the corporation, its assests remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for, Educational and Charitable purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code , or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the County in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

ARTICLE IX

Executed this 03 day of March, 1999.

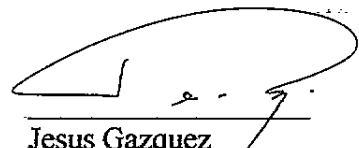
The name and address of the incorporator of this corporation is:




Jose M. Roig
1901 S.W. 1st Street
Miami, Florida 33135



Jose M. Roig
President



Jesus Gazquez
Vice-President



Rogelio Alfonso
Treasurer

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Persuant 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: SOUTHEASTERN
BEHAVIORAL HEALTH CARE
INSTITUTE, INC.

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

ARGELIO ALFONSO
(NAME)
1901 S.W. 1st STREET
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33135
(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 

DATE 3/03/99

REGISTERED AGENT FILING FEE: \$35.00