

TRANSMITTAL LETTER

P000000016276

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

FILED
00 FEB 10 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FL
200003131622-5
-02/10/00-01093-0107E
*****87.50 *****87.50

SUBJECT: Millennium Behavioral Health Care, 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
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Linda Potere
Name (Printed or typed)

10836 NW 34 Crt.
Address

Coral Springs, FL 33065
City, State & Zip

954-755-1519
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Millennium Behavioral Health Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2100 NE 197 Terrace

N. Miami Beach, FL 33179

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

2100 NE 197 Terrace

N. Miami Beach, FL 33179

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LINDA K. Potere

10836 NW 34 CRT.

Coral Springs, FL 33065

Linda K. Potere

Signature/Incorporator

January 1, 2000

Date

(An additional article must be added if an effective date is requested.)

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

Deena Weiss

Signature/Registered Agent

1-01-2000

Date

FILED
00 FEB 10 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA