PODOCO 28395

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

SUBJECT:	Centro Hispano de Hispanic Mental He (Proposed corpor	Salud Mental a17h Center of rate name - must include suff	OOKITY OU DIE	:) 1305 112009 *****87.50		
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 ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	MAMA J. Aloma Prof. PSS	LDZANO inted ontyped Building Building Ave Ste H ddress	MD 8			
	(407) 6	FL 3379 State & Zip 71-8004 Dephone number	LAHASSEL FLOME	\cup		

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

(1C 321.00

* '	ARTICLES OF INCORPORATION	00 -	- •
	The undersigned incorporator, for the purpose of for Business Corporation Act, hereby adopts the following	rming a corporation under the Florida MP 3	
	ARTICLE I NAME The name of the corporation shall be:		<u>.</u> -
	Centro Hispano.	de Salud Mental P.A. DUR POSE. Will provide Berried for Psychiatric Path ress of this corporation shall be: (per Psychiatric Path	woul
Alony	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing adds The principal pla	ress of this corporation shall be: \(\text{will provide the party of the provide of the p	terlo,
·	\sim	FL 39797	.:
	The number of shares of stock that this corporation of the shares of stock that the support of the shares of the s	on is authorized to have outstanding at any one time is:	
	ARTICLE IV INITIAL REGISTERE The name and Florida street address of the initial MANA LOZAND ASP 300 3802 Aloma Ave Se 300 Winker Art IFL 32792	D AGENT AND STREET ADDRESS I registered agent are:	
	ARTICLE V INCORPORATOR The name and address of the incorporator to the	asa Artialas of Incompantion and	
	MAMA LOZAND AD RAMON MARTINEZ MA MARCIAI SERVANO MA	202 Alone Ave Ste 200 When Park, Fl 32792	
	Maranons	3-9-00	
	Signature/Incorporator	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

Signature Registered Agent

-9-00

Date