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From:
Account Name : LIEBERMAN & ASSOCIATES, P.A.
Account Number : I20040000159
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.
REFLECTIONS WELLNESS CENTER OF BROWARD, INC

Certificate of Status	1
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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 ONE

NAME

The name of the corporation shall be:

REFLECTIONS WELLNESS CENTER OF BROWARD, INC

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

PURPOSE OF BUSINESS

The nature of this business will be treatment in mental health and substance abuse care

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ARTICLE FIVE
INITIAL OFFICERS AND/OR DIRECTORS

LEONEL E MESA JR, PRESIDENT
6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

LEDIA URBANO, VICE PRESIDENT
6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

RAYMOND D MESA, SECRETARY
6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

GUILLERMO FERNANDEZ, TREASURER
6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

ARTICLE SIX
INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

LEONEL E MESA JR
6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

ARTICLE SEVEN
INCORPORATOR

The name and address of the Incorporator is:

Kenneth Lieberman
800 E Cypress Creek Rd, Suite 200
Ft. Lauderdale, FL 33334

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The undersigned has executed these Articles of
Incorporation. This 6TH day of JULY.

Signature: 

Date: 7/6/05

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida
Statutes, the Undersigned Corporation, under the Laws of the
State of Florida submits to the following statement
designating the registered agent in the State of Florida.

1. The name of the corporation is:

REFLECTIONS WELLNESS CENTER OF BROWARD, INC

2. The name and address of the registered agent

LEONEL E MESA JR
6043 NW 167 STREET, A-27
MIAMI LAKES, FLORIDA 33015

Signature: 

Date: 07/07/05

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: _____

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