#4721 P.001/003

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Hax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

Hax Number

: (305)552-5973 : (305)675-5944

**Enter the email address for this business entity to be used for future annual réport mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION LIFE WELL BEHAVIORAL HEALTH CENTER, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H14000273253

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	1
ARTICLE I NAME: The name of the corporation is:	
Life well Behavioral Health Center, In	$\frac{1}{1}$
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3900 NW 79 Ave	
suite 300	
DORAL FL 33166	
ARTICLE III SHARES: The number of shares of stock is: 100	ar.
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	1.
Lianet Gonzalez (P) Aleiandro Santos (VP)	
Alejandro Santos (VP)	1.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Lianet Gonzalez 3900 NW 79 Ave Suite 300	
DORAL FL 33166	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
LIANET GONZALEZ	
Aleiandro Santos	
3900 NW 79 Ave Suite 300	
D0001 E 3311010	

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Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Registered Agent

Date 14

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Incorporator /

14 NOV 24 PM 12: 4