Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION S SUNSHINE BEHAVIOR CENTER, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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#0549 P.002/003

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

ARTICLE I NAME: The name of the corporation is:	
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Sundhine Behavior Center, Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
<u>90100 SW 85+</u>	
Ste #26	
Miami, Florida 33174	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Lacqueline Cory Guzman (P)	
Anay Barrera (UP)	
Thus saircia VI	
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is: TO COULINE COYL GUZMON	
Miami Florida 33174	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Jacqueline Cory Guzman	
Miami Florida 33174	

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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

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 s.817.155, F.S.

Date