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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
RAINBOW BEHAVIORAL SERVICES, INC**

Certificate of Status	0
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02-18-16



February 17, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: RAINBOW BEHAVIORAL SERVICES, INC
REF: W16000011957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000039734
Letter Number: 916A00003293

H16000039734

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:RAINBOW BEHAVIORAL SERVICES, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 945 NW 132 AVE W MIAMI FL 33182M: PO BOX 650874 MIAMI, FL 33265**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LAZARO NOEL SUAREZ (PRESIDENT)Claudia Suarez (V.P.)DALMYS HERNANDEZ (V.P.)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Lazaro Noel Suarez945 NW 132 Ave WMiami FL 33182**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lazaro Noel Suarez945 NW 132 Ave WMiami FL 33182SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Myr. MC
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.

Myr. MC
Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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