

P16000034736

**Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
VP BEHAVIORAL HEALTH SOLUTIONS, PA**

Certificate of Status	0
Certified Copy	1
Page Count	03
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APR 21 2016

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: VP Behavioral Health Solutions, PAARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

15250 SW 25 Terr.Miami, FL 33185ARTICLE III PURPOSEThe purpose for which the corporation is organized is: mental health & behavioral
analysis servicesARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Virginia M. Pedreguera (P) Name and Title:Address: 15250 SW 25th Terr. Address:Miami, FL 33185

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Virginia m. Pedreguera
Address: 15250 SW 25th Terr.
Miami, Fl. 33185

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 20 AM 10:11

APPROVED
AND
FILED**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Virginia m. pedreguera
Address: 15250 SW 25th Terr.
Miami, Fl. 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Virginia m. Pedreguera
Required Signature/Registered Agent

4/20/16
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.

Virginia m. Pedreguera
Required Signature/Incorporator

4/20/16
Date

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