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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LIFE RESTORED BEHAVIORAL HEALTHCARE SERVICES
INC**

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Life Restored Behavioral healthcare Services INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6151 Miramar Pkwy, Suite 315A
Miramar, FL 33023**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Alejandro Santos (P)

_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Alejandro Santos
6151 Miramar Pkwy, Suite 315A Miramar, FL
33023**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Alejandro Santos
6151 Miramar Pkwy, Suite 315A Miramar FL,
33023

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FROM: FRONTDESK Fax Number: 3055938368 Page 4 of 4

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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

11/23/2016
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.

Incorporator

11/23/2016
Date

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