

02/02/2018

**PI8000011484**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BEHAVIORAL HEALTH FAMILY CENTER, INC.**

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

N. SAMS

FEB 05 2018

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Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Behavioral Health Family Center, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6015 Stirling Rd #208Davie, FL 33314**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Maite Rodriguez (P)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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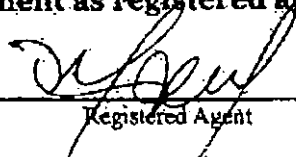
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


Maite Rodriguez6115 Stirling Rd #208Davie, FL 33314**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maite Rodriguez6115 Stirling Rd #208Davie, FL 33314

**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

      2/2/2018  
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.

      2/2/2018  
Incorporator      Date

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