

MAY/06/2019/MON 11:58 AM

FAX No.

P. 001/003

5/6/2019

Division of Corporations

Florida Department of  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

### DELGADO BEHAVIORAL SERVICE, CORP.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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MAY 07 2019

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

ARTICLE I NAME DELGADO BEHAVIORAL SERVICE, CORP.  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address: \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
8315 NW 163 ST. \_\_\_\_\_  
MIAMI LAKES, FL 33016 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES SHARES: 100  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MAYTE DELGADO (P/S/D)	Name and Title:	_____
Address	8315 NW 163 ST.	Address:	_____
	MIAMI LAKES, FL 33016		_____
	_____		_____
	_____		_____

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

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

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: MAYTE DELGADO

Address: 8315 NW 163 ST.

MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MAYTE DELGADO

Address: 8315 NW 163 ST.

MIAMI LAKES, FL 33016

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 days prior or 90 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*\_\_\_\_\_  
Required Signature/Registered Agent5/3/2019  
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.*\_\_\_\_\_  
Required Signature/Incorporator5/3/2019  
Date