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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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19 AUG - 2 PM 8:56

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MONTORI PSYCH CARE, INC.

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

2019 AUG - 2 PM 5:00

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

19 AUG -2 2019 8:56

**ARTICLE I NAME:** The name of the corporation is:

Montori Psych Care, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6511 SW 2 St Mia FL 33144

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

SUSAN E. PENA P

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

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

Susan E Pena

6511 SW 2st

miami FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Susan E Pena

6511 SW 2st

miami FL 33144

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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

Suzanne Pecca, L.C.S.W.                      8/2/19  
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.

Suzanne Pecca, L.C.S.W.                      8/2/19  
Incorporator    Date