

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000288532 3)))



M190002885323ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, 1 Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	ENC	EP 26 AM	
Account Name : LAZARUS CORPORATE FILING SERVICE, D Account Number : I20000000019 Phone : (305)552-5973	ENC.	6 AM	
Account Number : 120000000019 Phone : (305)552-5973	ENC. 73	AM	
Phone : (305)552-5973			•
			-
Fax Number : (305)675-5944	• • • •	ö	- (**
		÷	•
	<u>بہ</u> س	9	
Enter the email address for this business entity to be used	for future		
annual report mailings. Enter only one email address ple	ase. **		

FLORIDA PROFIT/NON PROFIT CORPORATION PROFESSIONAL BEHAVIORAL & MENTAL HEALTH, INC.

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

S TALLENT SEP 2 7 2013

Electronic Filing Menu Corporate Filing Menu H

Help

٠

.

.

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
Professional Behavioral & Mental Health, Inc.	
ARTICLEN A Mental Health, Inc	£
FAINCIPAL OFFICE:	
The principal street address and mailing address is:	
Hialeah, Fl. 33012	
ARTICLE III SHARES: The number of shares of stock is:	
Juan Roberto Reyes (P)-	
- DEPID REYES. (P)	
	- 11
	1
0	Sec.
ARTICLE V INITIAL REGISTERED AGENT AND STREET / DDRESS:	
The name and Florida street address (PO Box not acceptable) of the regis ered agent is:	
Wan hoberto haves	
3+50 west 16 ave	
Hialcah Fl 33012	
ARTICLE VI INCORPORATOR: The name and address of the In corporator is:	
2750 Hoberto Beyes	
3t50 west 16 ave	
Hialeah A 83012	

.

_ - ___

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

<u>9-212-19</u> Registered Agent

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 9.817,155, F.S.

- Leng v	9-26-19
Incorporator	I 'ste
V	