

3/6/2020

P20000020666

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (305)675-0701

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PEGASUS BEHAVIORAL SERVICES CORP**

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3/9/2020

ARTICLES OF INCORPORATION

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

ARTICLE I - NAMEThe name of the corporation shall be: PEGASUS BEHAVIORAL SERVICES CORP**ARTICLE II - PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14883 SW 24TH STMIAMI, FL 33185**ARTICLE III - PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV - SHARES**The number of shares of stock is: 100**ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P. REYES, MARTA

Name and Title: _____

Address

14883 SW 24TH ST

Address: _____

MIAMI, FL 33185

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: REYES, MARTA
Address: 14883 SW 24TH ST
MIAMI, FL 33185

ARTICLE VII - INCORPORATORThe name and address of the incorporator is:

Name: REYES, MARTA
Address: 14883 SW 24TH ST
MIAMI, FL 33185

ARTICLE VIII - EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/05/2020 (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.

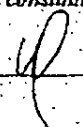
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/05/2020
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/Incorporator

03/05/2020
Date

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