3/6/2020 Division of Corporations

P20000020666

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
PEGASUS BEHAVIORAL SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

FILED
2020 MAR -6 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/9/2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PEGASUS BEHAVIORAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

14883 SW 24TH ST
MIAMI, FL 33185

Mailing address, if different is:

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
Address: 14883 SW 24TH ST
MIAMI, FL 33185

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The 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 INCORPORATOR

The name and address of the Incorporator is:

Name: REYES, MARTA

Address: 14883 SW 24TH ST

MIAMI, FL 33185

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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

_____ 03/05/2020

Required Signature/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.

_____ 03/05/2020

Required Signature/Incorporator Date