Division of Corporations Electronic Filing Cover Sheet

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Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Division of Corporations

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Fax Number : (305)675-5944

Division of Corporations

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Name

FLORIDA PROFIT/NON PROFIT CORPORATION BEHEALTH COMMUNITY BEHAVIORAL SERVICES INC

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Electronic Filing Menu

Corporate Filing Menu

HelpD O'KEEFE MAY 2.7 2029

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

| BeHealth community Beho ARTICLE II PRINCIPAL OFFICE: | 2010 | OFA |
|--|-------------|----------------|
| ARTICLE II PRINCIPAL OFFICE: | é 5 | IN |
| The principal street address and mailing address is: | | |
| 6813 SW Z2ST HIAMI. FC 3315 | 5- | |
| | | |
| | | |
| | | |
| RTICLE III SHARES: The number of shares of stock is: | 20 | |
| The state of state of state is. | | · |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE | RS: | |
| Nestor ealixTo Perez (P) | | |
| | | ~~ ^> |
| | | - : |
| | - ; | |
| | <u></u> | _ |
| | | _ ÷ · |
| | í ág | 10 |
| | - 5 | <u> </u> |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET A | T:DRES | S: |
| The name and Florida street address (PO Box not acceptable) of the regist | | |
| Nestor calixto Perez | | |
| · · · · · · · · · · · · · · · · · · · | | _ |
| 6813 SW ZZST. Niami-FC 33155 | | |
| | | _ |
| | | |
| | | or is: |
| ARTICLE VI INCORPORATOR: The name and address of the Inc | x iporate | |
| ARTICLE VI INCORPORATOR: The name and address of the Inc Nestol Calixto Perez | ciporate | |
| | | |

Required Signatures:

| aving been named as registered agent to accept service of process for the above state or proc | :d ie |
|--|----------|
| bmit this dogument and the | |

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 \$4817.155, F.S.

Incorporator Dite