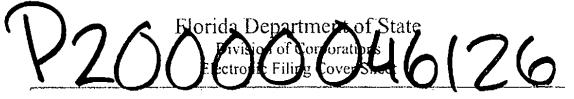
6/24/2020

Division of Corporations



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.

(((H200001940113)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

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

	<b>Email</b>	Address:							
--	--------------	----------	--	--	--	--	--	--	--

## FLORIDA PROFIT/NON PROFIT CORPORATION ALLIANCE BEHAVIORAL HEALTH INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

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

The name of the corp	NAME poration shall be: Alliance B	ehavioral Health l	Inc.			
ARTICLE II	PRINCIPAL OFFICE					
	Principal <u>street</u> address		Mailing addre	ess. if different is:		
11	8128 NW 63rd CT		1233 HOYNE AVE	YNE AVE UNIT 2		
	ialeah Fl 33015		CHICAGO, IL 608			
	PURPOSE ch the corporation is organized is:			n that provides psycho socia ng to those in need.		
The number of share		D 4 D V 674 6 V 9				
Normand Titl	INITIAL OFFICERS AND/OR I c: Gisela J Grey (CEO)	<u>DIRECTORS</u> Name a	nd Title:			
Address:	18128 NW 63™ CT	Addre	:ss:			
	HIALEAH, FL 33015			· · · · · · · · · · · · · · · · · · ·		
Name and Tit	le:					
Address:						
Name and Tit Address:	le:	Address				
	REGISTERED AGENT da Mircel address (P.O. Box NOT au Gisela J Grey 18128 NW 63 <sup>rd</sup> CT		ed agent is:	ZUZO JUK		
7,00,034.	HIALEAH, FL 33015					
	INCORPORATOR ress of the Incorporator is:			SEE. F		
Name:	Gisela J Grey	<del></del>		PH 2: 42		
Address:	18128 NW 63™ CT HIALEAH, FL 33015			2: 4 PRE		
	FINEEXII, TE 30010			7 ~		
	as registered agent to accept servic familiar with and accept the appoi Giselas Gres	ntment as registered ag				
	Required Signature/Register	/ ed Agent	<del></del>	Date		
	nt and affirm that the facts stated he artment of State constitutes a third o	erein are true, Lam awa		nation submitted in a		
•	Gisela Grey			06/23/2020		
	Required Signature/Incom	orgion		Date		