

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GOLDEN YEARS BEHAVIORAL CENTER CORP**

Certificate of Status	0
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Page Count	01
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Help

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: GOLDEN YEARS BEHAVIORAL CENTER CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12859 SW 42ND ST

MIAMI, FL 33175

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 LOZADA BENITEZ, OSMANI

Name and Title: _____

Address: 12859 SW 42ND ST
MIAMI, FL 33175

Address: _____

Name and Title: VP PEREZ MARTINEZ, GLEYS PEREZ

Name and Title: _____

Address: 12859 SW 42ND ST
MIAMI, FL 33175

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: PEREZ MARTINEZ, GLEYS PEREZ
Address: 12859 SW 42ND ST
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEREZ MARTINEZ, GLEYS PEREZ
Address: 12859 SW 42ND ST
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/08/2020 (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

X

Required Signature/Registered Agent

10/08/2020

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.

X

Required Signature/Incorporator

10/08/2020
Date