

1/19/2021

P2100000 5018

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 : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

2021 JAN 20 PM 4: 54

F11-11

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Prema Behavioral Services Corp

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

2021 JAN 20 AM 9: 10

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: Yaillet Delgado
 Address: 240 Palmetto Park road, Suite 300C
Boca Raton, FL 33432

2021 JAN 20 PM 4:54
 FILED

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yaillet Delgado
 Address: 240 Palmetto Park road, Suite 300C
Boca Raton, FL 33432

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

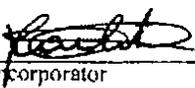
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

01/19/21
 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

01/19/21
 Date

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: Prema Behavioral Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 240 Palmetto Park Road
Suite 300C
Boca Raton, FL 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Yaiet Delgado / President</u>	Name and Title:	<u>Juan Miguel Campello / V-President</u>
Address	<u>240 Palmetto Park road</u>	Address:	<u>240 Palmetto Park road</u>
	<u>Suite 300C</u>		<u>Suite 300C</u>
	<u>Boca Raton, FL 33432</u>		<u>Boca Raton, FL 33432</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
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	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
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