## Division of Corporations Electronic Filing Cover Sheet

orida Department of State

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	Division of Co	rporation	ıs				
	Fax Number	: (850)6	17-6381				
From:							
	Account Name	: LAZARU	S CORPORA	ATE FILING S	ERVICE, INC.		
	Account Number	: I20000	<b>00001</b> 9		<b>,</b> _		
	Phone	: (305)5	52-5973				2
	Fax Number	: (305)6	75-5944				21
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## FLORIDA PROFIT/NON PROFIT CORPORATION M&J PREFERENCE MENTAL HEALTH CORP

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
MSJ Preference wental health Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  1925 NW 12ST Suite 324  DORAL H 33126
ARTICLE III SHARES: The number of shares of stock is: 100
Maribel Anador (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:  ANDEL ANAGOV  7925 NW 125T SUITE 324  DORA H 33124
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

## Required Signatures:

3052201440

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

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.

Incorporator Date

Date