Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number

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

Email Address:	:
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FLORIDA PROFIT/NON PROFIT CORPORATION PARAISO COMMUNITY MENTAL HEALTH INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

PARAISO COMMUNITY HENTAL HEALTH INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1150 NW 72ND AUE, Marin, FL, 33126
Some # 460.
ARTICLE III SHARES: The number of shares of stock is: O ()
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ADRIAN ZOCA VARGAS. (P)
SEE TO
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ADRIAN ROCA VARGAS
1150 NW 72NO AVE STE 460
MIAMI FL. 33124
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ADRIAN ROCA VARGAS
1150 NW 72 NO AVE STE 460
MIAMI PL 33126

Required Signatures:

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 familia: 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.

Uncorporator Date

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