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FLORIDA PROFIT/NON PROFIT CORPORATION

Adams Behavioral Health Corp

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

2021 MAY -5 AM 10:27

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ADAMS Behavioral Health Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Yilybed SANTANA
Name (Printed or typed)
870 NW 87 AVE. #304
Address
Miami, FL 33172
City, State & Zip
305-910-8290
Daytime Telephone number
yilybedsantana@hotmail.com
(E-mail address: (to be used for future annual report notification))

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Adams Behavioral Health Corp.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

870 NW 87 AVE # 304
MIAMI, FL. 33172**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARESThe number of shares of stock is: 100%**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Yilybel SANTANA (President) Name and Title:Address: 870 NW 87 AVE # 304 Address:MIAMI, FL. 33172

Name and Title:

N/A

Name and Title:

Address:

Address:

Name and Title:

N/A

Name and Title:

Address:

Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Yilybed SANTANA
Address: 870 NW 87 AVE. #304
Miami, FL 33172

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

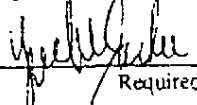
Name: Yilybed SANTANA
Address: 870 NW 87 AVE. #304
Miami, FL 33172

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 5-4-2021 (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 5-4-2021 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 5-4-2021 Date