

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 : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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 PALM BEHAVIORAL SERVICES INC.

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

2021 JUN -7 PM 4:04

2021 JUN -7 PM 12:08

6/8/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Palm Behavioral Services Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7999 N. Federal Hwy #403
Boca Raton, FL 33487**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Tania Castellanos (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

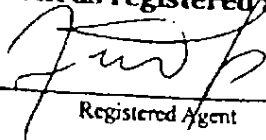
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Tania Castellanos
7851 NW 159 Ter
Miami Lakes, FL 33016**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Tania Castellanos7851 NW 159 TerMiami Lakes FL 33016

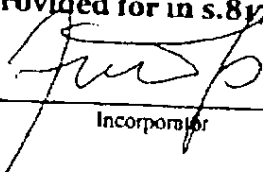
2021/06/08 PM 12:08

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 familiar with and accept the appointment as registered agent and agree to act in this capacity

 06/7/2021
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.

 06/7/2021
Incorporator Date

2021 JUN 10 PM 12:08