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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
UMBRELLAS BEHAVIORAL CARE INC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Umbrellas behavioral care inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14440 SW 31st STmiami FL 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mairelys Mendez (p)

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Mairelys Mendez14440 SW 31st STmiami FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mairelys Mendez14440 SW 31st STMiami FL 33175

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



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

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TALLAHASSEE, FL