

**P22000040554**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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12:1 HD MAY 24 PH 1:31  
FLORIDA DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
UMBRELLAS BEHAVIORAL CARE INC**

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

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FLORIDA DIVISION OF CORPORATIONS  
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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 st

miami FL 33175

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Mairelys Mendez (p)

2022 MAY 24 PM 1:31

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Mairelys Mendez

14440 sw 31st st

miami FL 33175

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Mairelys Mendez

14440 sw 31st st

miami 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

Waldes  
Berlin

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.

W. H. Alderson

Incorporator

— Date

INTERVIEWER, FL

13:1 MAY 22 2002