

Florida Department of State  
Division of Corporations  
P23000034542

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FLORIDA PROFIT/NON PROFIT CORPORATION  
WEST KENDALL MENTAL HEALTH NETWORK CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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REGISTRARS  
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: WEST KENDALL MENTAL HEALTH NETWORK CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13301 SW 194 AVE MIAMI FL 33196PO. BOX 557456 MIAMI, FL 33255**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WENDY SEGOVIA (P)

Name and Title: \_\_\_\_\_

Address 13301 SW 194 AVE  
MIAMI, FL 33196

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: WENDY SEGOVIA  
Address: 13301 SW 194 AVE  
MIAMI, FL 33196

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

Name: WENDY SEGOVIA  
Address: 13301 SW 194 AVE  
MIAMI, FL 33196

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Wendy Segovia \_\_\_\_\_ Date \_\_\_\_\_  
Required Signature/Registered Agent

*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.317.155, F.S.*

Wendy Segovia \_\_\_\_\_ Date \_\_\_\_\_  
Required Signature/Incorporator