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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.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PHP MENTAL HEALTH CENTER INC**

Certificate of Status	0
Certified Copy	1
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STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

PHP MENTAL HEALTH CENTER, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10665 SW 190st MIAMI FL, 33157
Units 3213-3214

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ANACECILIA CASANOVA RODRIGUEZ (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANACECILIA CASANOVA RODRIGUEZ
10665 SW 190 ST UNITS 3213-3214
MIAMI FL 33157

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
 DANIELA L. VILLALBA, 2000 N. 10th St., Suite 100, Phoenix, AZ 85016

ANALECILIA CASANOVA RODRIGUEZ
10665 SW 1905T UNITS 3213-3214
MIAMI FL 33157

OFFICE OF THE
STATE
SOLICITOR
TALLAHASSEE, FL
ESS

71-10000

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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