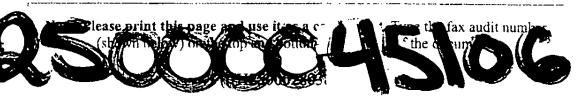
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION

Bright Harbor Behavioral Care Corp

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

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

| ARTICLE I NAMI The name of the corpora | ation shall be: Bright | Harbor | Behavioral | Care Corp |) <u>.</u> |
|--|---|-------------|-------------------------|---------------------------|-------------|
| ARTICLE II PRIN | | | | address, if different is: | |
| Miami Garc | ens, FL 33169 | | Migmi Ga | -dens, FL 3 | 53169 |
| ARTICLE III PURP The purpose for which | OSE the corporation is organized is: | Any and | all lawful | business | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ARTICLE IV SHAR The number of shares of | ES stock is: 10 | | | | |
| | al officers and/or dire o: Jessica Rod-iguez | Ribot/Re | Sident ne and Title: | | |
| Address | 67 NW 183rd ST, | Ste 107 Add | | | |
| | Miami Gardens | 5, FL 33169 | | | |
| Name and Title | :: | Nar | ne and Title: | | |
| Address | | Ado | dress: | r. | |
| | | | <u> </u> | | |
| Name and Title | : | Nar | ne and Title: | - | |
| Address | | Ado | dress: | · | |
| | | · | | | |

| Name and Title: | Name and Title: |
|---|--|
| Address | Address: |
| | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N | |
| Name: Jessica Rodrigu | ez Ribot |
| Name: Jessica Rodrigu Address: 67 NW 183 357 Miami Gardens | 5 Suite 107 5, FL 33169 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | \cdot $0 \downarrow \downarrow$ |
| Name: Jessica Rodr Address: 67 NW 183 d | -iguez KiDol |
| Address: 67 NW 183 rd Miami Garden | <u>57, Ste 167</u> s, FL 33169 |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be s filing.) | . (OPTIONAL) pecific and cannot be more than five days prior or 90 days after the |
| Note: If the date inserted in this block does not me the document's effective date on the Department of | neet the applicable statutory filing requirements, this date will not be listed as of State's records. |
| Having been named as registered eyent to accept s certificate, I am familiar with and accept the appoint | tervice of process for the above stated corporation at the place designated in this intrnent as registered agent and agree to act in this capacity |
| | 8/11/25 |
| / / / " | gistered Agent Date |
| I submit this document and Affirm that the facts document to the Dopartment of State constitutes a | stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S. |
| Required Signature/Incomp tratery | Date Date |