FILED SHUKETARY OF STATE TRAINING CORPORATION

TRANSMITTAL LETTER

97 JUN -2 PH 12: 43

Tallahassee, FL 32314

# Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**600002198786--6** -06/02/97--01187--013 \*\*\*\*\*70.80 \*\*\*\*\*70.00

SUBJECT: AVEN	TURA BEHAVIORAL CENTER, INC.				
(Proposed corporate name- must include suffix)					
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:					
⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨ ⟨	()\$78.75 ()\$122.50 ()\$131.25				
FROM:	ANTONIO A. MACLI				
	Name (printed or typed)				
	13490 SW 62ND STREET				
	Address				
	MIAMI, FL 33183				
<del></del>	City, State & Zip				
	(305) 385-5847				
	Daytime Telephone Number				

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

The undersigned incorporation(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

AVENTURA BEHAVIORAL CENTER, INC.

#### ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

13490 SW 62nd STREET MIAMI, FLORIDA 33183

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTONIO A. MACLI 13490 SW 62ND STREET MIAMI, FLORIDA 33183 27 (SIZ) (27 PM 2: 13)

## ARTICLE V INCORPORATION(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

ANTONIO A. MACLI 13490 SW 62ND STREET MIAMI, FL 33183

The undersigne	d incorporator(s	s) has(have) executed these Articles of Incorporation this _	30th	day
	. 199 7 .			

Signature

----000---Signature

Articles of Incorporation Filing Fee- \$35

FILED SECRETARY OF STATE HYDSTON OF CORPORATIONS

# CERIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

I.	The name of the corporation is:	AVENTURA BEHAVIORAL CENTER, INC.
2.	The name and address of the regis	tered agent and office is:
		ANTONIO A. MACLI
		13490 SW 62ND STREET
		(P.O. Box not acceptable)
		MIAMI, FL 33183
		(City/State/Zip)
acsigi furthe	nated in this centificate, I hereby accepts agree to comply with the provision	I to accept service of process for the above stated corporation at the place pt the appointment as registered agent and agree to act in this capacity. It is of all statutes relating to the proper and complete performance of my se obligations of my position as registered agent.
	At WIR	A

(Signature)