

**P97000088302**

Requestor's Name: 3226 S. University Drive  
 Address: Miramar FL 33025  
 City/State/Zip: 33025 Phone #:

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 -10/13/97--01052--018  
 \*\*\*\*122.50 \*\*\*\*122.50  
 Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 97 OCT 13 PM 4:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
 10/15/97

Examiner's Initials	
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**ARTICLES OF INCORPORATION**  
**OF**

**GBF COMMUNITY MENTAL HEALTH CENTER, INC.**

FILED  
97 OCT 13 PM 4:04  
SECRET  
TALLAHASSEE, FLORIDA

The undersigned incorporator(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:

**GBF COMMUNITY MENTAL HEALTH CENTER, INC.**

**ARTICLE II. PRINCIPAL OFFICE**

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

**3226 So. University Drive,  
Miramar, FL. 33025**

**ARTICLE III. CAPITAL STOCK**

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

**10,000 SHARES**

**ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:


**Gbolagunte A. Ayodele  
1082 N.E. 176 Terr.  
N. Miami Beach, FL. 33162**

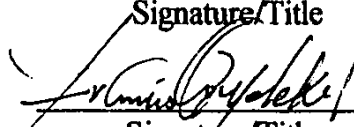
**ARTICLE V. INCORPORATOR(S)**

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

- 1) Gbolagunte A. Ayodele  
1082 N.E. 176 Terr.  
North Miami Beach, FL. 33162
- 2) Alade B. Afolabi  
15181 N.W. 1st Street  
Pembroke Pines, FL. 33028
- 3) Francis O. Oyeleke  
10960 S.W. 15th St., Bldg. 5104  
Pembroke Pines, FL. 33025

The undersigned has(have) executed these Articles of Incorporation this  
8<sup>th</sup> day of OCTOBER, 1997.

 / Director  
Signature/Title

 / Director  
Signature/Title

alade afolabi / Director  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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.

1. The name of the corporation is: GBF COMMUNITY MENTAL  
HEALTH CENTER, INC.
2. The name and address of the registered agent and office is:  
GBOLAGUNTE A. AYODELE  
(NAME)  
3226 SO. UNIV. DRIVE  
(Address)  
MIRAMAN, FL. 33025  
(City/State/Zip)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: 

DATE: 10-8-97

REGISTERED AGENT FILING FEE: \$35.00