

TRANSMITTAL LETTER

P99000003211

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

SUBJECT: BEHAVIORAL HEALTH ADVISORS, INC.
(Proposed corporate name - must include suffix)

800002738098--1
-01/12/99--01058--025
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Vincent Russo
Name (Printed or typed)

728 E 6th Ave
Address

TALLAHASSEE FL 32303
City, State & Zip

224-4215
Daytime Telephone number

FILED
99 JAN 12 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
1-12-99

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

FILED

99 JAN 12 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
Behavioral Health Advisors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1201 Devils Dip, Suite B
Tallahassee, Florida 32308

ARTICLE III SHARES

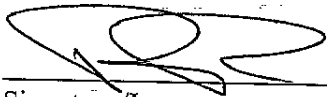
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
2000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are
R. Vincent Russo
728 East Sixth Avenue
Tallahassee, Florida 32303

ARTICLE V INCORPORATOR

R. Vincent Russo
728 East Sixth Avenue
Tallahassee, Florida 32303

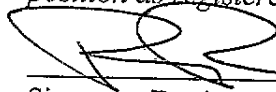


Signature/Incorporator

1/12/99

Date

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/Registered Agent

1/12/99

Date