

990045551

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002879751--1

-05/19/99--01039--009

*****78.75 *****78.75

OFFICE USE ONLY

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

1. ADVANCED MENTAL ADDICTION

(Corporation Name)

(Document #)

2. REHABILITATION CENTER INC.

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

99 MAY 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input checked="" 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

RECEIVED
99 MAY 19 AM 11:38
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Examiner's Initials

ARTICLES OF INCORPORATION

FILED
99 MAY 19 AM 9:56
SECRETARY OF STATE
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:

ADVANCED MENTAL ADDICTION REHABILITATION CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

100 Beacom Blvd. Miami, Florida, 33135.--

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEONOR GONZALEZ

100 Beacom Blvd.
Miami - Florida, 33135.--

ARTICLE V INCORPORATOR(S)

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

LEONOR GONZALEZ-President

100 Beacom Blvd.
Miami - Florida, 33135.-

RUBEN CORTEGUERA

100 Beacom Blvd.
Miami - Florida, 33135.-

The undersigned has(have) executed these Articles of Incorporation this

16th day of May, 1999.-

* James S. Gandy President,
Signature/Title

Signature/Title _____
 + Luis Cortez Secretary/Treasury
 Signature/Title _____

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: ADVANCED MENTAL ADDICTION REHABILITATION CENTER
INC.-

2. The name and address of the registered agent and office is:

LEONOR GONZALEZ

(NAME)

100 Beacom Blvd.

(P.O. BOX NOT ACCEPTABLE)

Miami, Florida, 33135.-

(CITY/STATE/ZIP)

SIGNATURE *Leonora Gonzalez*
(corporate officer)

TITLE President,

DATE May 16th, 1999.-

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 *Leonora Gonzalez*
DATE May 16th, 1999.-

REGISTERED AGENT FILING FEE: \$35.00

FILED
99 MAY 19 06
TALLAHASSEE
SECRETARY OF STATE