

# PIB 0000 47238

Florida Department of State  
Division of Corporations  
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BUREAU OF COMMERCIAL INFORMATION SERVICES

## FLORIDA PROFIT/NON PROFIT CORPORATION COMMUNITY SUPPORT MENTAL HEALTH SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

**ARTICLE I NAME**  
The name of the corporation shall be: 1st Community Support Mental Health Services Corp

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 15600 SW 288 St #401  
Mailing address, if different is: 264 SE 31 Ave  
Homestead, FL 33033 Homestead, FL 33033

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
To engage in any business activity or endeavor which is lawful under the laws of the State of Florida.  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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NOTARIAL SEAL, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hermes Herrera Tosar, President Name and Title: \_\_\_\_\_  
Address: 264 SE 31 Ave Address: \_\_\_\_\_  
Homestead, FL 33033 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

#18000158967

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Hermes Herrera Tosar  
 Address: 15600 SW 288 St #401  
Homestead, FL 33033

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Deborah Kaicher Pastran  
 Address: 333 NE 8 St  
Homestead, FL 33030

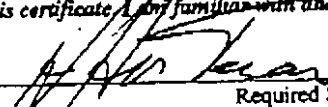
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent

5/15/18  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Required Signature/Incorporator

5/15/18  
 Date