

P200003408203

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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2020 SEP 30 PM 3:27

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 ABME MENTAL HEALTH CORP**

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

20 SEP 30 PM 3:27

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ABME Mental Health Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

15327 NW 60TH AVE Suite 240
Miami Lakes FL 33014

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Brian Llamo (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:


BRIAN LLAMO
15327 NW 60th Ave Ste 240
MIAMI LAKES FL 33014

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

BRIAN LLAMO
15327 NW 60th Ave Ste 240
MIAMI LAKES, FL 33014

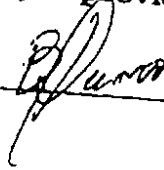
Required Signatures:

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



Registered Agent 09/30/2020
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.



Incorporator 09/30/2020
Date