

Florida Department of State

**P21000034168**

Note: Please print this page and use it as a cover sheet. Type the file number (shown below) on the top and bottom of all pages of the document.

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4/16/21  
[Signature]

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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  
VULCAN COMMUNITY MENTAL HEALTH CENTER INC**

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

2021 APR 15 PM 4:36

FLORIDA  
CORPORATE  
SERVICES

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

VULCAN COMMUNITY MENTAL HEALTH CENTER INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

261 WESTWARD DR UNIT 101-102 MIAMI SPRINGS FL 33166

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

FERNANDO MEDINA BRAVO - PRESIDENT

YENISBEL RODRIGUEZ - VICE PRESIDENT

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

FERNANDO MEDINA BRAVO

261 WESTWARD DR UNIT 101-102 MIAMI SPRINGS FL 33166

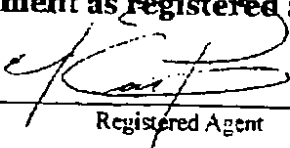
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

FERNANDO MEDINA BRAVO

261 WESTWARD DR UNIT 101-102 MIAMI SPRINGS FL 33166

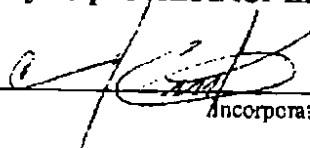
**Required Signatures:**

**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

04/14/21  
\_\_\_\_\_  
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

04/14/21  
\_\_\_\_\_  
Date