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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
COMMUNITY SUPPORT MENTAL HEALTH SERVICES CORP

Certificate of Status	0
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N. SAMS

MAY 24 2018

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 OFFICEPrincipal street address

Mailing address, if different is:

15600 SW 288 St #401264 SE 31 AveHomestead, FL 33033Homestead, 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

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName 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: _____

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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

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

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