

P2000084251

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CRISTINA MARIA SANCHEZ PSYD INC**

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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OCT 29 2020

T. SCOTT

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

ARTICLE I NAMEThe name of the corporation shall be: CRISTINA MARIA SANCHEZ PSYD INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7325 SW 83RD AVE SUITE 1058321 SW 143 AVESOUTH MIAMI, FL 33143MIAMI, FL 33183**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PSYCHOLOGIST PRIVATE PRACTICE. TO PROVIDE MENTAL HEALTH SERVICES TO INDIVIDUALS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CRISTINA MARIA SANCHEZ (P)

Name and Title: _____

Address 8321 SW 143 AVE

Address: _____

MIAMI, FL 33183

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: CRISTINA MARIA SANCHEZ
 Address: 8321 SW 143 AVE
MIAMI, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRISTINA MARIA SANCHEZ
 Address: 8321 SW 143 AVE
MIAMI, FL 33183

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.)

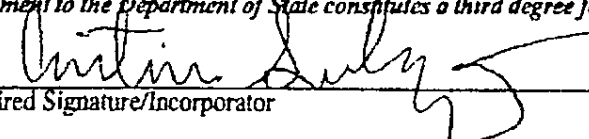
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/13/2020
 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.


 Required Signature/Incorporator

10/13/2020
 Date