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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 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:	
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FLORIDA PROFIT/NON PROFIT CORPORATION BLUE SKY COMMUNITY MENTAL CORP

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



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Blue Sty Community Mental Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 850/ Sw 124 Ave #20481 Miami fl 33183
ARTICLE III SHARES: The number of shares of stock is: /00
Maricel Emilia farigas Carote
2022 - 222
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Maricel Emilia farinas Capote
8501 SW 124 AVE # 2048 7
usiami EL 33183
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Maricel Emilia farinas Calote
8501 SW 124 AVE # 20481
- Miami FL 33183

EIN: 99 - 4649841

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

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

2024 AUG 27 PH 4: 33