

N24000010542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

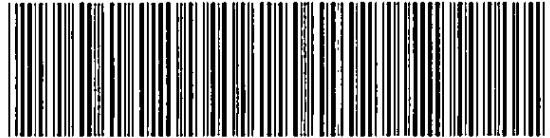
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2024 JUN 26 AM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FL 32302

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Revive CMH Inc. W24000095645

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 SEP -6 AM 9:47

**FILED**

**FROM:** Cristiam Morales  
Name (Printed or typed)

4302 Hollywood Blvd #236  
Address

Hollywood, FL 33021  
City, State & Zip

786-405-5047  
Daytime Telephone number

revivecmh@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Revive CMH Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4302 Hollywood Blvd #236

Hollywood, FL 33021

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide community mental health services to the community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

as provided in bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cristiam Morales, Director

Name and Title: \_\_\_\_\_

Address: 4302 Hollywood Blvd #236  
Hollywood Florida 33021

Address: \_\_\_\_\_

Name and Title: Luisa Marquez, D

Name and Title: \_\_\_\_\_

Address: 4302 Hollywood Blvd #236  
Hollywood Florida 33021

Address: \_\_\_\_\_

Name and Title: Victor Flores, D

Name and Title: \_\_\_\_\_

Address: 4302 Hollywood Blvd #236  
Hollywood Florida 33021

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: Cristiam Morales \_\_\_\_\_

Address: 4302 Hollywood Blvd #236 \_\_\_\_\_

Hollywood Florida 33021 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cristiam Morales \_\_\_\_\_

Address: 4302 Hollywood Blvd #236 \_\_\_\_\_

Hollywood Florida 33021 \_\_\_\_\_

**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 of Registered Agent

08/07/2024

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

08/07/2024

Date

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 SEP -6 AM 9:47

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