**Division of Corporations** 



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To: Division of Corporations Fax Number : (850)205-0381 From: CIVISION OF CORPORATIONS : FAS-T CORP. AGENTS, INC. Account Name 03 AUG -4 AM 9: 50 Account Number : 071001002335 Phone : (305)599-0839 RECEIVED Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

# INTERAMERICAN MENTAL HEALTH PROFESSIONALS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION OF INTERAMERICAN MENTAL HEALTH PROFESSIONALS, INC.

#### ARTICLE L NAME

The name of this corporation is: INTERAMERICAN MENTAL HEALTH PROFESSIONALS, INC.

## ARTICLE IL DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

#### ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States of America and the State of Florida.

### ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue FIVE HUNDRED (500) shares of COMMON STOCK, with a par value of TEN (\$10.00) dollars each.

## ARTICLE V. AMOUNT OF CAPITAL

The amount of capital with which this corporation will begin business is not less than FIVE THOUSAND (\$5,000.00) DOLLARS.

### ARTICLE VI. PREEMPTIVE RIGHTS.

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of (fractional shares) at the price at which it is offered to others.

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## ARTICLE VII. INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered office of this corporation is: 1945 SW 17<sup>TH</sup> STREET, MIAMI, FL 33145

The name of the initial registered agent of this corporation is: JUAN CARLOS SOCORRO

The corporation principal office shall be: 1945 SW 7<sup>TH</sup> STREET, MIAMI, FL 33145

## ARTICLE VIIL INITIAL BOARD OF DIRECTORS.

This corporation shall have (TWO) directors(s), initially. The number of Directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (2).

The name(s) and address(cs) of the initial Board if Director(s) of this corporation is(are):

JUAN CARLOS SOCORRO 1945 SW 7<sup>TH</sup> STREET, MIAMI, FL 33145

HECTOR ROLANDO CASTILLO 541 SW 42<sup>ND</sup> AVE., #126, CORAL GABLES, FL 33134

#### ARTICLE IX. IDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

#### ARTICLE X. INCORPORATORS

The name and address of the persons(s) signing these Articles of Incorporation is (are):

JUAN CARLOS SOCORRO 1945 SW 7<sup>TH</sup> STREET, MIAMI, FL 33145

HECTOR ROLANDO CASTILLO 541 SW 42<sup>ND</sup> AVE., #126, CORAL GABLES, FL 33134 H03000246272 6

IN WITNESS THEREOF, we (I), being all of the original subscriber(s) and incorporator(s) of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of the State of Florida, and accordingly set our hands and seal this 1<sup>st</sup> day of August 2003.

N CARLOS SOCORRO CASTILLO TOR ROLAND

STATE OF FLORIDA COUNTY OF MIAMI-DADE

I HEREBY CERTIFY THAT on this day, before me, a Notary Public, duly authorized in the above-mentioned State and County to take acknowledgments, personally appeared

HECTOR ROLANDO CASTILLO & JUAN CARLOS SOCORRO-

To me well know and know to be the person(s) described in and who executed these foregoing Articles of Incorporation.

WITNESS my hand and official seal in the City of Miami, County of Miami-Dade and State of Florida, this 1<sup>ST</sup> day of August 2003.

LOCAL COOLE Notary Pub 12.00 100 SCHOOL SECTION 1

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FILED 03 AUG -4 AM 8: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA NAMING AGENT WHO PROCESS MAY BE SERVED

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in Compliance with said act:

First. - INTERAMERICAN MENTAL HEALTH PROFESSIONALS, INC. Qualified to do business under the laws of the State of Florida with its principal Office at: 1945 SW 17<sup>TH</sup> ST., MIAMI, FL 33145 Has appointed: JUAN CARLOS SOCORRO 1945 SW 17<sup>TH</sup> STREET, MIAMI, FL 33145

as its agent to accept service of process within this State.

## ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation At place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping open said office.

**UOS SOCORRO** 

Sworn to and subscribed before me, This 1<sup>ST</sup> Day of August 2003.

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