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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

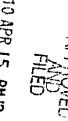
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SECRETARY OF STATE TALLAHASSEE. FLORIDA





COVER LETTER

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

jmml37@aol.com

SUBJECT: Gifted !	Minds, Inc.		
<u></u>	(PROPOSED COR POR A	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	tinal and one (1) copy of the art	icles 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 of
		ADDITIONAL CO	
FROM: Me	rcedes C. Garcia, PSY.D.		
	Name	e (Printed or typed)	
636	4 SW 151 Place		
		Address	
Mia	mi, Fl 33193		
	City,	State & Zip	 -
305	-469-4216		
	Dayti me T	elephone number	· · · · · · · · · · · · · · · · · · ·

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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



10 APR 15 PM 12: 49

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

Gifted Minds, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6364 SW 151 Place

Miami, FI 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To service children and adult's psychological needs.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s); Mercedes C. Garcia , President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Mercedes C. Garcia, Psy.D. 6364 SW 151 Place

Miami, Fl 33193

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Mercedes C. Garcia, Psy.D. 6364 SW 151 Place Miami, Fl 33193

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

MUMAU 4/13/10
Signature/Registered Agent Date

4/13/10
Signature/Incorporator Date