Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

••Enter ti	he ema	il a	ddress	for	this	business	entity	to	be	used	for	Future	, Z
ลภทน	al re	port	mailin	gs.	Enter	only one	e emaiĺ	add	res	s ple	ase.	*	S

Fœail	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION FAMILY MENTAL HEALTH SOLUTIONS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78,75

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in computance with Chapter 607 and/or Chapter 621, F.S. (Front)	ŀ	
ARTICLE 1 NAME: The name of the corporation is:		
Family Hental Health Solution	ns a) /
ARTICLE IL PRINCIPAL OFFICE:	_	
The principal street address and mailing address is: 14835 Sw 45 lane MIAUTE FC 33.	181	
ARTICLE III SHARES: The number of shares of stock is:		
(P) Lupe L Rodnquez Rojas. (VP) Joaquin J Garcia Acuna		
SECRE SALLAHAR	15 001	~
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent	4 PM 7:57	-
Miami FL 33185		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: LUPE L ROOTIQUEZ ROJOS 14835 SW 45 LO		
Miami FL 33185		

#15000246252

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

10/14/11

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 profided for in s.817.155, F.S.

corporator

Date