1000026037 TAMOTON OF COL Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H170000797123))) H170000797123ABC1 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. MAR To: Division of Corporations Fax Number : (850) 617-6381 AH ID: From: Account Name : FASTKIT CORP Account Number : 12010000009 Phone : (305) 599-0839 Fax Number : (305)592-9591 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: <u>.</u> FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI MENTAL HEALTH SERVICES CORP

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# ARTICLES OF INCORPORATION OF

## MIAMI MENTAL HEALTH SERVICES CORP

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of THAR 22 NH ED: 00 Florida.

#### ARTICLE I

The name of the Corporation shall be:

MIAMI MENTAL HEALTH SERVICES CORP

#### ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

#### ARTICLE IV

The aggregate number of shares, which this corporation shall have authority to issue, is the total of 100 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.



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### ARTICLE V

The name and address have the initial registered agent, registered office, and principal office of this corporation shall be:

CARLOS A CABRERA 10515 SW 40TH ST MIAMI, FL 33165

### ARTICLE VI

The initial Board of Directors shall consist of a total of one person and the name of the person who is to serve as initial director is:

CARLOS A CABRERA 10515 SW 40TH ST MIAMI, FL 33165 PRESIDENT

## ARTICLE VII

The name and address of the incorporators executing these Articles of Incorporation is:

CARLOS A CABRERA 10515 SW 40TH ST MIAMI, FL 33165

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WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this\_21\_ days of March, 2017

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act;

First-That\_\_\_\_\_MIAMI MENTAL HEALTH SERVICES CORP\_\_\_\_\_ (Name of Corporation)

Desiring to organize under the laws of the State of Florida with, it's principal office, as indicated in the Articles of Incorporation, the City of \_\_\_\_\_\_ MIAMI\_ County of \_\_\_\_\_\_ MIAMI-DADE\_\_\_\_\_\_

State of Florida has named \_\_\_\_\_CARLOS & CABRERA\_\_\_\_\_ (Name of Register Agent)

Located at \_\_\_\_\_10515 SW 40TH ST \_\_\_\_\_ (Street address and number of building, Post Office Box address not acceptable)

City \_MIAMI, FL 33165\_. County of -MIAMI-DADE\_\_\_\_\_

State of Florida, as its agent to accept service of process within this state

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named as registered agent to accept service of process for the above stated corporation at place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity,

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H D:

and By: CARLOS A CABRERA