

Florida Department of State
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 : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

ALMA MENTAL HEALTH SERVICES Corp

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

17 SEP 15 PM 4:50

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 SEP 15 AM 9:16

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Corporate Filing Menu

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SEP 18 2017

T. SCOTT

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Alma Mental Health Services corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12240 NW 7 Trail
Miami FL 33182

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yanet Enriquez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yanet Enriquez
12240 NW 7 Trail
Miami FL 33182

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yanet Enriquez
12240 NW 7 Trail
Miami FL 33182

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ALL
AND
FILED
CLERK OF DISTRICT COURT
JANET ENRIQUEZ

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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_____
Date

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 provided for in s. 817.155, F.S.

Incorporator_____
Date

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