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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MENTAL HEALTH CASE MANAGER, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:MENTAL HEALTH CASE MANAGER, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14901 NE 8 AVEMIAMI, FL 33161**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSMANY ELIO HOYOS (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Osmany Elio Hoyos14901 NE 8 AVEMIAMI FL 33161**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Osmany Elio Hoyos14901 NE 8 aveMIAMI FL 33161

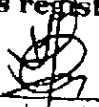
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**Required Signatures:**

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 Agent02/05/18  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator02/05/2018  
\_\_\_\_\_  
Date

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