

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P18000092462**

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.

(((H18000092462 3)))



H180000924623ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

RECEIVED

2018 MAR 22 PM 4:51

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
HUMAN FOR LIFE MENTAL HEALTH INC.**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 22 AM 9:52

FILED

MAR 23 2018

< PAGE

H18000092462

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Human for Life Mental Health Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1275 West 47th Place Suite 422
Hialeah, FL 33012.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Tipsy Oliveros (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

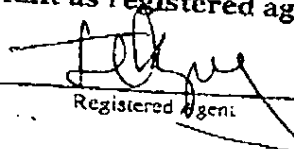
Tipsy Oliveros
1275 West 47 PL Ste 422
Hialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Tipsy Oliveros
1275 West 47 PL Ste 422
Hialeah FL 33012

H18000092462

H18000092462

Required Signatures:

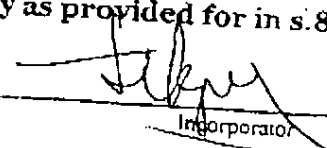
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent3/22/18

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.



Incorporator3/22/18

Date

H18000092462