

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
MENTAL SERVICES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03

\$78.75

B 4/3/19

2019 APR -2 PM 5:01

2019 APR -2 AM 8:44
TALLAHASSEE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Mental Services Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10040 NW 9th St Cir Apto 201
Miami FL 33172**ARTICLE III SHARES:** The number of shares of stock is: _____**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Carlos Alberto Benavides Jerez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Carlos A Benavides Jerez
10040 NW 9th St Cir Apto 201
Miami FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CARLOS A BENAVIDES JEREZ
10040 NW 9th St Cir Apto 201
MIAMI FL 33172

2019 APR -2 AM 8:44

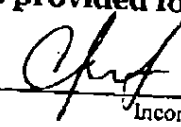
Required Signatures:

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