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Flor Department of St
Divisi of Corporations
Fax 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.

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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: _____

2019 APR -2 PM 5:01

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 AM 8:44

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

2019 APR -2 AM 8:14

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

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 _____