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

C RICO SEP 3 0 2019

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

Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION MARTIN MENTAL HEALTH CORP

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Martin Mental Health corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11710 NW South River or Apt 302
Medley .FL 33178.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE ES:
$\mathcal{T}_{\text{color}}$
Danka Marin Torres CP)
: ::
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
0 1/ 0 1/ 002
Medley Fl 33178
ARTICLE VI INCORPORATOR: The name and address of the Ir corporator is:
Danka Martin Torres
11710 Now South Biver Dr Apt 800
Medley F1 33178

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 9/27/19

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 \$8.37.155, F.S.

Incorporator 9/27/19

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