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To:

Division of Corporations

Fax Number : (850)617-6381

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:_

FLORIDA PROFIT/NON PROFIT CORPORATION HEALTHY MINDS MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name	of the corporation is:
Healthy Minds Medical C	enter Inc.
ARTICLE II PRINCIPA	AL OFFICE:
The principal street address and n	nailing address is:
2500 NW 79 AVE Suite 220	
Doral, FL 33122	
ARTICLE III SHARES: The number of shares	
ARTICLE IV INITIAL DIRECTOR	S AND/OR OFFICERS:
Alina Alfonso (P)	
2500 NW 79 AVE Suite 220	
Doral, FL 33122	77.0
	v.f.
	The state of the s
	<u> </u>
ARTICLE V INITIAL REGISTERED AGEN	NT AND STREET AUDDUCC.
The name and Florida street address (PO Box not acc	
Alina Alfonso	. , , , , , , , , , , , , , , , , , , ,
2500 NW 79 AVE Suite 220	
Doral, FL 33122	
ARTICLE VI INCORPORATOR: The name a	and address of the Incorporator is:
Alina Alfonso	
2500 NW 79 AVE Suite 220	
Doral, FL 33122	

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 Clate