Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FEB 1 9 2020

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 NUEVA VIDA COMMUNITY MENTAL HEALTH INC

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



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
NUEVA VIDA COMMUNITY MENTAL HEATH	1 NC	•
ARTICLE II PRINCIPAL OFFICE:	<u>- / /</u> C	•
The principal street address and mailing address is:		
890 SW 87 AVE # 10 Miany FL 33174		
ARTICLE III SHARES: The number of shares of stock is: / OO		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: DAIRY TORRES (VP)		
DAIRY TORRES (VP) - DENNY ANDRES REYES (P)	20 FE	HSIAIF 136
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	91	ATE TICHS
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is: DAIRY TORRES		
890 SW 87 ave #10 miami FL 33174		

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: DAIRY TORRES 890 SW 87 aue # 10 miani FC 33174

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 Late

I submit this document and affirm that the facts stated herein are $tru\epsilon$. 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 I site