

P20000022936

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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NEURO COGNITIVE MIAMI CORP**

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

FILED

20 MAR 17 AM 10:15

2020 MAR 17 PM 2:30

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Neuro Cognitive Miami Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3534 West Flagler St
Miami FL 3313520 MAR 17 AM 10:15
SECRETARY
TALLMADGE

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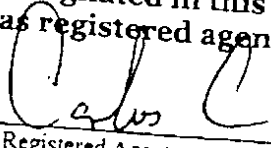
ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**
Carlos Andres Castillo (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Carlos Andres Castillo
3534 West Flagler St
Miami FL 33135**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carlos Andres Castillo
3534 West Flagler St
Miami FL 33135

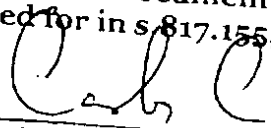
Required Signatures:

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 Agent3/17/2020
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.



Incorporator3/17/2020
Date