

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 : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****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

Center Point Mental Wellness and Testing Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K. PAGE

APR 06 2020

FILED

2020 APR -3 PM 12:36

2020 APR -3 PM 3:36

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Center Point Mental Wellness and Testing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2940 East Park Avenue, Suite C

Tallahassee Florida 32301

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Fioramonti, Director

Name and Title: _____

Address

2940 East Park Avenue, Suite C

Address: _____

Tallahassee, FL US 32301

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Fioramonti

Address: 2940 East Park Avenue, Suite C

Tallahassee, Florida US 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Bill Havre

Registered Agents Inc.

Bill Havre

- Assistant Secretary

4/1/2020

Required Signature/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.

Daniel Fioramonti

Required Signature/Incorporator

4/1/2020

Date

SECRETARY OF STATE
TALLAHASSEE, FL

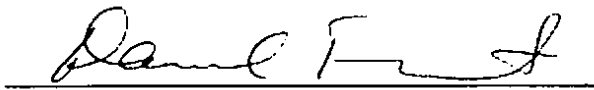
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NAME RESOLUTION

I, Daniel Fioramonti, authorized person of Center Point Mental Wellness and Testing Services, Inc., acting on behalf of the company, authorize Registered Agents Inc. to file the name Center Point Mental Wellness and Testing Services, Inc., for use in the State of Florida.

Dated this 1st day of April, 2020



Daniel Fioramonti, Director

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SECRETARY OF STATE
TALLAHASSEE, FL