

From: Robert Fanjul
4/28/2020

Fax: 18775036086

To:

Fax: (850) 617-6381
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305) 603-8791
Fax Number : (877) 503-6086

****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
MENDOTA BEHAVIOR HEALTH CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2020 APR 28 AM 10:29

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APR 29 2020

T. SCOTT

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: MENDOTA BEHAVIOR HEALTH CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

218 E 12TH STREETHIALEAH, FL 33010**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CARLOS A DIAZ GIL-P

Name and Title: _____

Address 218 E 12TH ST

Address: _____

HIALEAH, FL 33010

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 APR 28 PM 12:52

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLOS A DIAZ GIL

Address: 218 E 12TH STREET

HIALEAH, FL 33010

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CARLOS A DIAZ GIL

Address: 218 EAST 12TH STREET

HIALEAH, FL 33010

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*

X



Required Signature/Registered Agent


X

4/27/2020

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.

X



Required Signature/Incorporator

X

4/27/2020

Date