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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA PROFIT/NON PROFIT CORPORATION FAMILY MENTAL HEALTH CORP

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

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

	FAMILY MENTAL Health coup	
	ARTICLE II PRINCIPAL OFFICE;	
	The principal street address and mailing address is:	查点 2003
	7816 NC 2Nd Ave 33138	77.5 755 Fri
	MIAMI FL	
RII	CLE III SHARES: The number of shares of stock is: / O(	)
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	<u>S:</u>
	YUNIER BARREDO ALMACUER	
	YUNIER BARRERA Almaguer	1 (P
	ICLEV INITIAL REGISTERED AGENT AND STREET ADJ	
The na	ame and Florida street address (PO Box not acceptable) of the registe re	d agent is:
7	TONIER BARRERA ALMAGUE 7816 NE ZMD AVE	N
_		
	MIAMI FL 33138	
ART) \	ICLE VI INCORPORATOR: The name and address of the Incorp	
1	TONIER BARRERA ALMAG	YEM
7	-701 $1/ -700$	

## 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

Kegistered Agent 1: ate

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 S ate constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Eate

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