

2020-07-12 23:43

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

From: Account Name : PEDRO LUZQUINOS
Account Number : T20170000042
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Fax Number : (554)432-8807

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TALLAHASSEE, FLORIDA

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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: PLUZQUINOSJF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
FIEL WELLNESS MENTAL HEALTH INC

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

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T. BURCH
JUL 20 2020

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FIELL WELLNESS MENTAL HEALTH INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CRISPIN A. FIEL
Name (Printed or typed)

2140 W FLAGLER ST STE 204-205
Address

MIAMI, FL 33135
City, State & Zip

(954) 655-8413
Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H 20000 221 3813

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H 20000 2215813

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: FIEL WELLNESS MENTAL HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2140 W FLAGLER ST STE 204-205

Mailing address, if different is:

MIAMI, FL 33135

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: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRISPIN A, FIEL (P)

Name and Title: _____

Address: 490 TAMiami CANAL RD

Address: _____

MIAMI, FL 33144

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: CRISPIN A, FIEL

Address: 490 TAMiami CANAL RD
MIAMI, FL 33144

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CRISPIN A, FIEL

Address: 490 TAMiami CANAL RD
MIAMI, FL 33144

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 inscribed 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

C. Fiel _____ 07/13/2020 _____
 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.

C. Fiel _____ 07/13/2020 _____
 Required Signature/Incorporator Date