

2020-07-12 23:43 PEDRO

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

From: Account Name : PEDRO LUZQUINOS  
Account Number : T20170000042  
Phone : (954)655-8411  
Fax Number : (554)132-8807

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PLU7QUINOF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
FIEL WELLNESS MENTAL HEALTH INC

Certificate of Status	0
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**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 &amp; 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.**

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**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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 SECRETARY OF STATE  
 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 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*

C. Fiel  
Required Signature/Registered Agent

07/13/2020

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.*

C. Fiel  
Required Signature/Incorporator

07/13/2020

Date

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