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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION LA HORA BUENA MENTAL HEALTH INC

Certificate of Status	0
Certified Copy	11
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LA HORABUENIA MENTAL HEALTH INC	
ARTICLE II PRINCIPAL OFFICE:	_
The principal street address and mailing address is: 385 E 8 ST HIALEAH, FL 33010	
ARTICLE III SHARES: The number of shares of stock is:	·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: VOLANDA CORVEA ALVAREZ LDA ELENA PÉREZ RODRIGUEL (VP)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
YOLANDA CORVEA ALVAREZ	
1385 E 8 ST HIALEAH FL 33010	2020 II II
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: VOLANDA CORVEA ALVAREZ. 385 E 8 ST HIALEAH FL 33010	3 AH 0:
HIALEAH EL 33010	t.

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

Registered Algeny Pate 7/13 Delde 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.

corporator

Date

2020 JUL 13 AM 10: 14