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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

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 ACHON MENTAL HEALTH CORP

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

(J)

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Achon Mental Health corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
19420 NW 23 AVE Mani Gardens	
4 - 33056	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICELS:	
Yamilex Achon Valdes (P)	
20	
	
	Ξ.
<u></u>	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AT DRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Yamikx Achon Valdes	
19420 NW 23 AVE	
MIAMI GARDENS, FL. 33054	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Yamilex Achon Valdes	
Yamilex Achon Valdes 19420 NW 23 AVE MIAMI Gardens, FL. 33054	
MIAMI Gardens, FL. 33056	

Required Signatures:

3052201440

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 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.

Incorporator

Date

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