Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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

Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION HOPE MENTAL HEALTH CENTER CORP

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

HOPE Mental Health Center Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 1500 W Cypress Creek Road, Suite 102 Flauderdale, Florida, 33309
FIONING, 33-01
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Dilianys Oquendo Alvarez (P)
<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: Dilianus Oguendo Alvanz
2101 Ludlam Rd Apt 230 Miomi, FL ,33155
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Dilianys Oguendo Alvarez
2101 L'UDLAM RD Apt 230
MIAMI FL 33155

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 Agent 08/0.5/2020

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 §.817.155, F.S.

Incorporator of

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