

P2000062703

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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20 AUG 18 PM 6:47

****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
ALEGRIA MENTAL HEALTH INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2020 AUG 18 PM 1:58
CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Alegria Mental Health Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3578 Sanctuary Dr. Saint Cloud FL 34769

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Alexis Alberto Rosado Miranda (P)

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

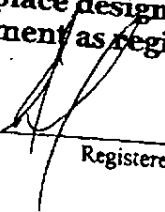
Alexis Alberto Rosado Miranda
3578 Sanctuary Dr. Saint Cloud FL 34769

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Alexis Alberto Rosado Miranda
3578 Sanctuary Dr. Saint Cloud FL 34769

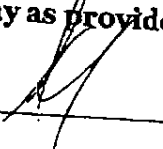
Required Signatures:

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 08/17/2020
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.



Incorporator 08/17/2020
Date

20 AUG 19 PM 6:47
AD...