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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 : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
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FLORIDA PROFIT/NON PROFIT CORPORATION
SARASOTA MIND & HEALTH INC

Certificate of Status	0
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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: SARASOTA MIND & HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3900 S LOCKWOOD RIDGE RD #22

SARASOTA, FL 34231

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P PINO GONZALEZ, YEFRI

Address 3900 S LOCKWOOD RIDGE RD #22

SARASOTA, FL 34231

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: PINO GONZALEZ, YEFRI

Address: 3900 S LOCKWOOD RIDGE RD #22

SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PINO GONZALEZ, YEFRI

Address: 3900 S LOCKWOOD RIDGE RD #22

SARASOTA, FL 34231

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/29/2020 (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.

_____ 09/29/2020

Required Signature/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.

_____ 09/29/2020

Required Signature/Incorporator Date