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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.
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FLORIDA PROFIT/NON PROFIT CORPORATION
SARASOTA MIND & HEALTH INC

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20 SEP 29 PM 12:57

2020 SEP 29 PM 12:28

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SARASOTA MIND & HEALTH INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3900 S LOCKWOOD RIDGE RD #22SARASOTA, FL 34231**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

Name and Title: _____

Address 3900 S LOCKWOOD RIDGE RD #22

Address: _____

SARASOTA, FL 34231

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

20 SEP 29 2020
CLERK OF COURT
FL 11

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

_____**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PINO GONZALEZ, YEFRIAddress: 3900 S LOCKWOOD RIDGE RD #22
SARASOTA, FL 34231**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: PINO GONZALEZ, YEFRIAddress: 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.

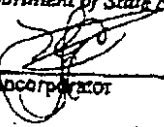
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent09/29/2020

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.



Required Signature/Incorporator09/29/2020

Date