

P2 00000078227
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003513663)))



H200003513663ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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
FAMILY EVOLUTION MENTAL HEALTH CARE INC**

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

20 OCT -8 PM 3:32

RECEIVED

2020 OCT -8 PM 3:32

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Family Evolution mental health care INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2500 NW 79 AVE Doral 33122
suite #255 FL**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Arnold Manuel Lopez Diaz (P)

20 OCT - 9 1 43 PM


ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ARNOLD MANUEL LOPEZ DIAZ
2500 NW 79 AVE SUITE #255
DORAL FL 33122**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ARNOLD MANUEL LOPEZ DIAZ
2500 NW 79 AVE SUITE #255
DORAL FL 33122

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_____
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