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כיו		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	7.1.1. J.1.1.
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$\dot{\odot}$		Phone	: (305)552-5973	-
		Fax Number	: (305)675-5944	χ 2
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C)	**Enter	the email address	s for this business entity to be used for future	~t
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FLORIDA PROFIT/NON PROFIT CORPORATION GOOD CHOICE MENTAL HEALTH CENTER INC

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

· · · · · · · · · · · · · · · · · · ·	Good Choice Mental,	HES/th Center
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address	ta.
	156 NE 8 ST, HomestEAL	FL 33030
TICLE III	SHARES: The number of shares of stock is:	100
· ADTT	OLD IN THE WAL DEDUCTION OF THE CO.	The case is
	Michael Wisto - Presi	: <u>-</u> -:¬
_ `	Michael Nisto - (Presi	den/
:		
		23
•		
RTICLE V	INITIAL REGISTERED AGENT AND STE	REET AUDRESS:
e name and	Florida street address (PO Box not acceptable) of the	ne registered agent is:
	Michael Wieto	بر غ جون غ جون
. //	15% NE 85T ome Stead, FL 3303	\wedge
	ome Stead, L. Coo	<u> </u>
: prici e su	I TNCODDOD ATOR. The name and address o	of the Incorporator is:
RTICLE V		of the Incorporator is:
ARTICLE V	I INCORPORATOR: The name and address of Michael Nieto 156 NE 857	of the Incorporator is:

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 familia: with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 01/22/2021

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

01/27/2021 Date

2021 JET 28 PY 1:5