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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 : MEDICAL BILLING CONSULTANTS, INC.  
Account Number : I20200000206  
Phone : (305)463-6690  
Fax Number : (305)463-6693

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: marioscebb@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Seniors Care Mental Services Corp**

Certificate of Status	1
Certified Copy	0
Page Count	01
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Electronic Filing Menu

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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: SENIORS CARE MENTAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1515 NW 167th St, UNIT 425

Mailing address, if different is:

MIAMI GARDENS FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Rafael Perozo labarca/P

Address: 12235 SW 17 Lane

Apt 106

MIAMI FL 33175

Name and Title:

Address:

Name and Title:

Address:

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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: Luis Rafael Perozo Labarca  
Address: 1515 NW 167th St Unit 425  
MIAMI GARDENS FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luis Rafael Perozo Labarca  
Address: 1515 NW 167th St Unit 425  
MIAMI GARDENS FL 33169

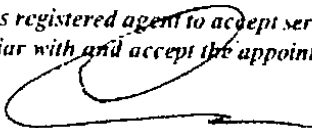
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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 in 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 Agent

02/03/21  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

02/03/21  
\_\_\_\_\_  
Date

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