

Pa1000008779  
Florida Department of State  
Division of Corporations  
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.

((H21000049345 3)))



H210000493453ABC

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  
BRIGHTMOON COMMUNITY MENTAL CORP

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

2021 FEB -11 PM 2:16

2021 FEB -11 PM 2:40

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

BRIGHTMOON COMMUNITY MENTAL CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13850 SW 62 AVE  
APT# 309 MIAMI FL  
33183

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

CARLOS ALBERTO TEJEDA (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

CARLOS ALBERTO TEJEDA  
13850 SW 62 AVE APT# 309  
MIAMI FL 33183

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

CARLOS ALBERTO TEJEDA  
13850 SW 62 AVE APT# 309  
MIAMI FL 33183

2021 FEB - 4 PM 2:16

**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

2021 FEB - 5 PM 2:16