

2/4/2021

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BETTER LIFE COMMUNITY MENTAL HEALTH INC.**

Certificate of Status	0
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Corporate Filing Menu

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2-8-21

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: BETTER LIFE COMMUNITY MENTAL HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4896 NW 7th ST UNIT: S

MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HENRY HABER (P)

Name and Title: _____

Address: 4896 NW 7th ST UNIT: S

Address: _____

MIAMI, FL 33126

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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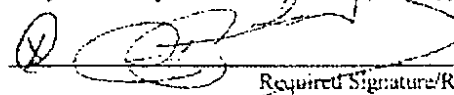
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: HENRY HABERAddress: 4896 NW 7th ST UNIT: SMIAMI, FL 33126ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: HENRY HABERAddress: 4896 NW 7th ST UNIT: SMIAMI, FL 33126ARTICLE 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 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 Agent02-02-21

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/Incorporator02-02-21
Date