

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : IMPROVED REVENUE SERVICE INC
Account Number : I20190000119
Phone : (786)552-2905
Fax Number : (786)733-1744

****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
CJ MENTAL THERAPY CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CJ MENTAL THERAPY CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8430 SW 8TH ST APT 307

MIAMI, FL 33144

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

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 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS R JIMENEZ/PRESIDENT

Name and Title: _____

Address

8430 SW 8TH ST APT 307

Address: _____

MIAMI, FL 33144

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: CARLOS R JIMENEZAddress: 8430 SW 8TH ST APT 307MIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: CARLOS R JIMENEZAddress: 8430 SW 8TH ST APT 307MIAMI, FL 33144**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 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 Agent02/08/2021
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/Incorporator02/08/2021
Date

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