

**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.

((H21000064643 3)))



H210000646433ABC-

**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

### ELDER LIFE MENTAL HEALTH, INC

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

FEB 17 2021

T. SCOTT

2021 FEB 16 PM 12:03

2021 FEB 16 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

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

Elder Life Mental Health inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8776 SW 12 St apto 206  
Miami FL 33174

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

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

Betsy Guevara Ruiz (P)  
Betty Guevara Ruiz (VP)

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

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

Betsy Guevara Ruiz  
8776 SW 12 St Apto 206  
Miami FL 33174

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

Betsy Guevara Ruiz  
8776 SW 12 St Apto 206  
Miami FL 33174

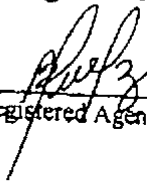
2021 FEB 16 AM 9:08

FILED

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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