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Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 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	To:			
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I200000000019 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		Division of Co	rporations	
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		Fax Number	: (850)617-6381	
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DEPENDING MARKET INC.	<u>- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. </u>		• • • • • • • • • • • • • • • • • • • •	

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Estimated Charge	\$78.75

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 Hental Health inc	·
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
8776 SW 1254 aplo 206	
Hiami F1 33174	
ARTICLE UI SHARES: The number of shares of stock is: 10	٥
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER	<u> </u>
Betsy Guevara Ruiz (P)	
Betty Guevara Puiz (VP)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD	DRESS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD The name and Florida street address (PO Box not acceptable) of the register	
The name and Florida street address (PO Box not acceptable) of the register	
The name and Florida street address (PO Box not acceptable) of the register Betsy Guevara Ruiz	ed agent is:
The name and Florida street address (PO Box not acceptable) of the register BEISH GUEVARA RUIZ 8776 SW 12 ST FAPTO 206	ad agentisis
The name and Florida street address (PO Box not acceptable) of the register Betsy Guevara Ruiz	ad agentisis
The name and Florida street address (PO Box not acceptable) of the register BEISY GUEVARA RUIZ 8776 SW 12 ST Apto 206 Miami F1 33174	agentisis of bland of the state
The name and Florida street address (PO Box not acceptable) of the register Betsy Guevara Ruiz 8776 Sw 12 St Apto 206 Miami F1 33174 ARTICLEVI INCORPORATOR: The name and address of the Inco	agentisis b Alt 9: 08 apporator is:
The name and Florida street address (PO Box not acceptable) of the register BEISY GUEVARA RUIZ 8776 SW 12 ST Apto 206 Miami F1 33174	agentisis b Alt 9: 08 apporator is:

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.

Date