

P2190001876A

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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****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
BLUE SKY MENTAL HEALTH CORP.**

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

J. FASON

MAR 02 2021

RECEIVED
2021 MAR -1 PM 4:45
FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

2021 MAR -1 AM 9:09

ARTICLES OF INCORPORATION

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

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

Blue Sky Mental Health Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1275 W 47th Pl Hialeah FL 33012

Site 439

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yanailys Rodriguez Rubio (P)

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

1275 W 47th Pl Hialeah FL 33012

Suite 439

Yanailys Rodriguez Rubio

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

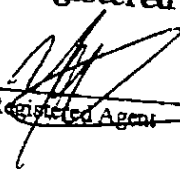
Yanailys Rodriguez Rubio

1275 W 47thth Hialeah FL 33012

Suite 439

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

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JP