

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.

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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
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
ZENCIRCLE SOCIAL SERVICES & MENTAL HEALTH INC**

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

MAR 04 2021

T. SCOTT

RECEIVED
2021 MAR -3 PM 3:42
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:ZENCIRCLE Social SERVICES & MENTAL HEALTH INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10300 SUNSET DRIVE SUITE 123MIAMI FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LUIS CURBELO CUNILL(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

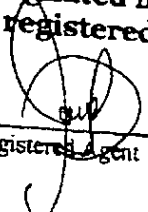
The name and Florida street address (PO Box not acceptable) of the registered agent is:

LUIS CURBELO CUNILL10300 SUNSET DRIVE SUITE 123 MIAMI FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:10300 SUNSET DRIVE SUITE 123MIAMI FL 33173LUIS CURBELO CUNILLFILED
MAR 4 2021
CLERK OF CIRCUIT COURT
MIAMI COUNTY, FLORIDA

2021 MAR -3 AM 9:00

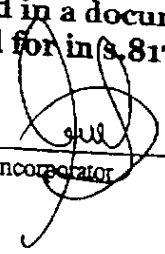
Required Signatures:

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 § 817.155, F.S.



Incorporator_____
Date