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P21000019977

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(Business Entity Name)

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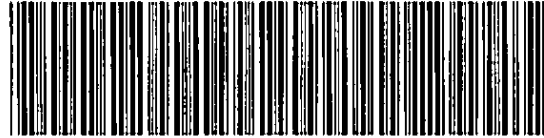
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Office Use Only

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MAR 04 2021

T. SCOTT



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12/29/20--01006--008 **128.75

FILED
2021 JAN 28 PM 3:21
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2021

DR. BRUCE BASSI
111 NE 1ST ST. UNIT 8-30
MIAMI, FL 33132

SUBJECT: BASSI MENTAL HEALTH P.C.
Ref. Number: W21000001753

We have received your document for BASSI MENTAL HEALTH P.C. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Remove P.C. from name.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 721A00000411

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Domestication of Bassi Mental Health, P.C., an illinois domestic corporation

Enclosed is an original and one (1) copy of the Articles of Domestication and a ~~check~~:

*check was included
in previous submission*

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Dr. Bruce Bassi

Name (printed or typed)

111 NE 1st ST. STE 8-360

Address

Miami, FL 33132

City, State & Zip

(203) 415-7375

Daytime Telephone Number

bassi@telepsychhealth.com

E-mail address: (to be used for future annual report notification)

2021 JUL 23 AM 8:30

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Bruce Bassi, President and CEO
(Name) (Title)

of Bassi Mental Health, P.C., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Bassi Mental Health, P.C.
(Foreign Corporation)

2. The jurisdiction and date of its formation is 1/17/2018

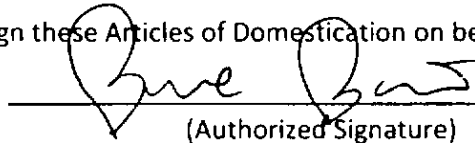
3. The name of the domesticated corporation is Bassi Mental Health Corp

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

 01/25/21
(Authorized Signature)

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2021 JAN 28 PM 3:21
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Bassi Mental Health Corp.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

111 NE 1ST ST

STE 8-360

Miami, FL 33132-2517

Mailing Address

111 NE 1ST ST

STE 8-360

Miami, FL 33132-2517

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Mental Health Treatment

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: **1000**

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

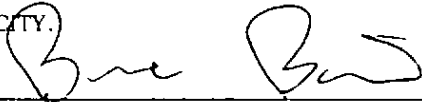
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Registered Agents Inc.

7901 4th St. N Ste 300

St. Petersburg FL 33702

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

01/25/21

Date

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2021 JAN 28 PM 3:21
TALLAHASSEE FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Bruce Bassi, President

Name & Title: _____

Address: 111 NE 1ST ST

Address: _____

STE 8-360

Miami, FL 33132-2517

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

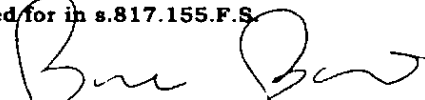
Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.



Signature/Authorized Person

01/25/21

Date