

P21000022159

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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
LIFE & MENTAL HEALTH CARE INC**

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

J. FASON

MAR 11 2021

RECEIVED
2021 MAR 10 PM 4:38
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

2021 MAR 10 AM 7:09

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Life & Mental health Care Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5725 SW 20 St apto #1
Miami FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Josefa Aguilar Arteaga (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

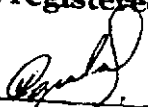
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Josefa Aguilar Arteaga
5725 SW 20 St Apto #1
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Josefa Aguilar Arteaga
5725 SW 20 St Apto #1
Miami FL 33155

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Required Signatures:

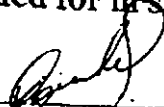
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent03/4/21

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.



Incorporator03/4/21

Date

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