

To: 18506176381

3/19/2021

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2021-03-19 19:24:53 GMT

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From: Yanet Avila

pa1000024622

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
FOR YOUR MENTAL HEALTH INC

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

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2021 MAR 19 PM 4:04
CORPORATIONS
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: FOR YOUR MENTAL HEALTH INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

106 CULTURAL PARK BLVDCAPE CORAL, FL 33990**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NORIS ARTOLA (P) Name and Title: _____Address: 106 CULTURAL PARK BLVD Address: _____CORAL CAPE, FL 33990

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2021 MAR 19 PM 4:30
FILED
MAR 19 2021
CLERK OF DISTRICT COURT
NORIS ARTOLA (P)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NORIS ARTOLA
Address: 106 CULTURAL PARK BLVD
CAPE CORAL, FL 33990

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: NORIS ARTOLA
Address: 106 CULTURAL PARK BLVD
CAPE CORAL, FL 33990

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Noris Artola
Required Signature/Registered Agent

3-18-21
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.817.153, F.S.

Noris Artola
Required Signature/Incorporator

3-18-21
Date

2021 MAR 19 PM 4:30
ALLAHAMMAD, N. N.