

P21000028488

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 : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

****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
FENIX'S COMMUNITY MENTAL HEALTH GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 MAR 30 AM 8:05

2021 MAR 30 PM 2:02

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COVER LETTER

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

SUBJECT: FENIX'S COMMUNITY MENTAL HEALTH GROUP INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JULIO F GONZALEZ

Name (Printed or typed)

8964 GRAND CANAL DR

Address

MIAMI, FL 33174

City, State & Zip

305 - 968 - 3508

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FENIX'S COMMUNITY MENTAL HEALTH GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address8964 GRAND CANAL DRMIAMI, FL 33174

Mailing address, if different is:

8964 GRAND CANAL DRMIAMI FL 33174**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JULIO F. GONZALEZ / PRESIDENTAddress: 8964 GRAND CANAL DRMIAMI, FL 33174Name and Title: LEYDIS L. GUERRA / VICE PRESIDENTAddress: 8964 GRAND CANAL DRMIAMI, FL 33174

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

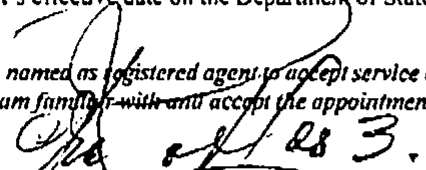
Address _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: FRANCO ROBLESAddress: 8410 W FLAGLER ST STE 205MIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: FRANCO ROBLESAddress: 8410 W FLAGLER ST STE 205MIAMI, FL 33144FILED
2021 MAR 30 AM 8:05
CLERK OF COURT**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03 / 26 / 2021 (OPTIONAL)

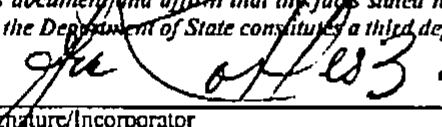
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

_____
Required Signature Registered Agent03 / 26 / 2021_____
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.

_____
Required Signature/Incorporator03 / 26 / 2021
Date

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