

# P21 0000 28591

## Electronic Filing Cover Sheet

**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.

((H21000127658 3)))



H210001276583ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

**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 MENTAL BLOX, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date: 3-31-21*

2021 MAR 30 PM 1:55

2021 MAR 30 PM 4:20

FLORIDA DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Mental Blox, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

148 S.W. 169 AvenuePembroke Pines, FL 33027**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Kristina Cadavieco, President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

Kristina Cadavieco148 SW 169 AvenuePembroke Pines, FL 33027**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Kristina Cadavieco148 SW 169 AvenuePembroke Pines, FL 33027

2021 MAR 30 PM 1:55

**Required Signatures:**

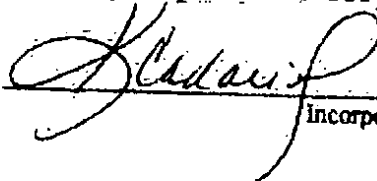
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Registered Agent

3/23/21

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 8.817.155, F.S.

  
\_\_\_\_\_  
Incorporator

3/23/21

Date

2021 MAR 30 PM 1:55