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Division of Corporations  
Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : IMPROVED REVENUE SERVICE INC  
Account Number : 120190000119  
Phone : (786)552-2905  
Fax Number : (786)733-1744

**\*\*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  
EQUALITY MENTAL CENTER INC**

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

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T. BURCH

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: EQUALITY MENTAL CENTER INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2283 NE 122ND ST  
NORTH MIAMI, FL 33181

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

**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 SHARES AT \$1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: INDIRA A ALVAREZ SAENZ/ P

Name and Title: \_\_\_\_\_

Address 2283 NE 122ND ST

Address: \_\_\_\_\_

NORTH MIAMI, FL 33181

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: INDIRA A ALVAREZ SAENZ

Address: 2283 NE 122ND ST

NORTH MIAMI, FL 33181

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: INDIRA A ALVAREZ SAENZ

Address: 2283 NE 122ND ST

NORTH MIAMI, FL 33181


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**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*

	<u>04/12/2021</u>
Required Signature/Registered Agent	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.*

	<u>04/12/2021</u>
Required Signature/Incorporator	Date

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