

Florida Department of State

P2100034168

Division of Corporations
Electronic Filing System

Note: Please print this page and use it as a cover sheet. Type the file number (shown below) on the top and bottom of all pages of the document.

((H21000151262 3)))



H210001512623ABCU

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

4/16/21
[Signature]

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
VULCAN COMMUNITY MENTAL HEALTH CENTER INC

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

2021 APR 15 PM 4:36

RECEIVED
CORPORATE
DIVISION

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:VULCAN COMMUNITY MENTAL HEALTH CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

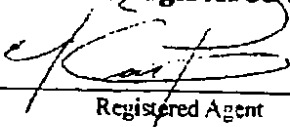
261 WESTWARD DR UNIT 101-102 MIAMI SPRINGS FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**FERNANDO MEDINA BRAVO - PRESIDENTYENISBEL RODRIGUEZ - VICE PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

FERNANDO MEDINA BRAVO261 WESTWARD DR UNIT 101-102 MIAMI SPRINGS FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:FERNANDO MEDINA BRAVO261 WESTWARD DR UNIT 101-102 MIAMI SPRINGS FL 33166

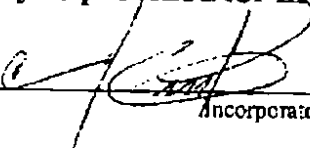
Required Signatures:

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 04/14/21
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.



Incorporator 04/14/21
Date