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To:

Division of Corporations

3052201440

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 **DOCTOR MENTAL CORP**

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

Doctor Mental Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1801 Coral Way, Suite 315. Miami, FL 33145	
Miami, FL 33145	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Anlet Santistebon (President). Bons Doniel Gomez (Vice-President).	
Bons Doniel Gomez (Vice-President)	
Edvardo Jose Anzola lucena (CFO)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Anlet Santisteban	
Miami, FL 33145	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Anlet Santisteban 1801 Com/way, suite 3/5	
1801 Com/way, suite 315	

3052201440

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

Incomporator

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.

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