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To:

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DEL PRADO MENTAL HEALTH THERAPY TREATMENT 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:Del Prado Mental Health therapy treatment**ARTICLE II PRINCIPAL OFFICE:**CORP

The principal street address and mailing address is:

1323 Lafayette St Cape CoralFL 33904**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ORANKY CARO DEL RIO (P)SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-18-2021 BY 60322

21 JUN 17 PM 12:43

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Oranky Caro del Rio1323 Lafayette St Cape CoralFL 33904**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Oranky Caro del Rio1323 Lafayette St Cape CoralFL 33904

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_____
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_____
Date

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21 JUN 17 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FL 32304