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FLORIDA PROFIT/NON PROFIT CORPORATION  
LMA MENTAL HEALTH SERVICES CORP

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SEP 17 2021

**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: LMA MENTAL HEALTH SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7401 SW 12 STMIAMI, FL 33144**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: THAYS SOTO JIMENEZ (P)

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

Address

7401 SW 12 ST

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

MIAMI, FL 33144

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

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

Address

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

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

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

Address

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

2021 SEP 16 PM 2:06

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: THAYS SOTO JIMENEZAddress: 7401 SW 12 STMIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: THAYS SOTO JIMENEZAddress: 7401 SW 12 STMIAMI, FL 33144**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:*/s/ Thays Soto Jimenez  
Required Signature/Registered Agent09/16/2021  
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.*/s/ Thays Soto Jimenez  
Required Signature/Incorporator09/16/2021  
Date