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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
RENAISSANCE MENTAL HEALTH, INC.

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

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2023 MAY -2 PM 3:43

CORPORATIONS  
COMMERCIAL  
DIVISION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 3 2023 8:17

FILED

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

RENAISSANCE MENTAL HEALTH, INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6877 NW 179 St  
Ste. 107  
MIAMI, FL 33015

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EVINS, VICTOR RAUL (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

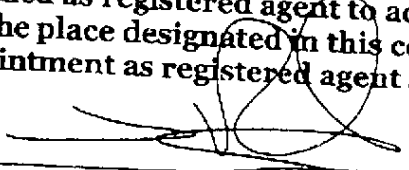
VICTOR RAUL EVINS  
6877 NW 179 ST  
#107 MIAMI FL 33015

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

VICTOR RAUL EVINS  
6877 NW 179 ST #107

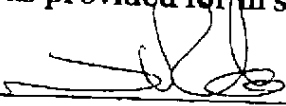
**Required Signatures:**

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

5/2/23  
\_\_\_\_\_  
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

5/2/23  
\_\_\_\_\_  
Date