Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 SERENITY MENTAL HEALTH CENTER, INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit) EIN: 99-1275580

ARTICLE 1 NAME: The name of the corporation is:

Serently Wental Hea	11th Center inc
ARTICLE II PRINCIPA	,
The principal street address and i	
Duite 405, MIC	ami Fl
33/10/0	
ARTICLE III SHARES: The number of share	s of stock is:
ARTICLE IV INITIAL DIRECTOR	RS AND/OR OFFICE RS:
<u> Maiena Ramos G</u>	nagarramas.
(p)	
	· · · · · · · · · · · · · · · · · · ·
	ENT AND STREET / DDRESS:
The name and Florida street address (PO Box not a	1
THE BUEF WH 300D	Sute 400
Miami PL 32166	- 20
<u>riuni i O Oniua</u>	
MICHINI O DONG	ر ما بات
	e and address of the Incorporator is:
ARTICLE VI INCORPORATOR: The name	e and address of the Incorporator is:
ARTICLE VI INCORPORATOR: The name	and address of the Incorporator is:

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

22/09/24

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