

From: Raul Chavez
5/24/24, 1:00 PM

Fax: 13057143014

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

Page: 1 of 3

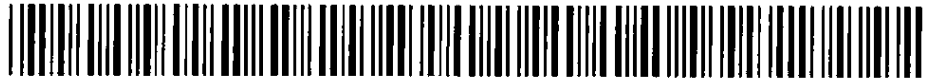
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Division of Corporations

Florida Department of State
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To:

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

From:

Account Name : CUSI CONSULTING, INC.
Account Number : I20230000150
Phone : (786)616-3495
Fax Number : (305)714-3014

****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

Bridge of Harmony, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Bridge to Harmony, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1489 S Military Trail, Suite 216West Palm Beach, FL 33409**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Mental Health Services**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Denisleidydis Denis, President

Name and Title: _____

Address 1489 S Military Trail, Suite 216

Address: _____

West Palm Beach, FL 33409

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF STATE

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Denisleidydis DenisAddress: 1489 S Military Trail, Suite 216West Palm Beach, FL 33409**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Denisleidydis DenisAddress: 1489 S Military Trail, Suite 216West Palm Beach, FL 33409**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

Required Signature/Registered Agent

05/24/2024

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 §817.155, F.S.

Required Signature/Incorporator

05/24/2024

atc

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