

To:

Page: 2 of 5

2024-06-07 18:34:35 GMT

32847

From: Yanet Avila

6/5/24, 2:05 PM

Division of Corporations

P24000038832

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

LMA MENTAL HEALTH SERVICES CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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CORPORATIONS
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Page 3 of 5

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From: Yanet Avila

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June 6, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: LMA MENTAL HEALTH SERVICES CORP
REF: W24000085610

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Tabitha J Howell
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000197859
Letter Number: 824A00012337

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be LMA MENTAL HEALTH SERVICES GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

700 SE 2nd ST700 SE 2nd STHOMESTEAD FL 33030HOMESTEAD, FL 33033**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 700 SE 2nd ST

Address: _____

HOMESTEAD, FL 33030

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

2024 JUN 11 5:00

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 JIMENEZ
 Address: 700 SE 2nd ST
HOMESTEAD FL 33030

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: THAYS SOTO JIMENEZ
 Address: 700 SE 2nd ST
HOMESTEAD FL 33030

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

THAYS SOTO JIMENEZ
THAYS SOTO JIMENEZ (Name) 06/05/2024

Required Signature/Registered Agent:

06/5/2024

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 s.817.153, F.S.

THAYS SOTO JIMENEZ
THAYS SOTO JIMENEZ (Name) 06/05/2024

Required Signature/incorporator

06/5/2024

Date

2024 JUN 05 12:03 PM