

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DMG FINANCIAL SERVICES INC
Account Number : 120230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

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
harmony mind behavior inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2024 AUG 20 PM 2:30
2024 AUG 20 AM 12:13
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING

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T.J.H.
8/21/24

MS

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HARMONY MIND BEHAVIOR INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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STATE

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: HARMONY MIND BEHAVIOR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9031 SW 143 PLACE

Mailing address, if different is:

MIAMI, FLORIDA 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LIANET OLIVA RODRIGUEZ, PRES

Name and Title:

Address

9031 SW 143 PLACE

Address:

MIAMI, FLORIDA 33186

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE OF FLORIDA

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: LIANET OLIVA RODRIGUEZ
 Address: 9031 SW 143 PLACE
MIAMI, FLORIDA 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LIANET OLIVA RODRIGUEZ
 Address: 9031 SW 143 PLACE
MIAMI, FLORIDA 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/23/2024 (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

[Signature] Required Signature/Registered Agent 08/19/2024 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.817.155, F.S.

[Signature] Required Signature/Incorporator 08/19/2024 Date

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