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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSET COMMUNITY MENTAL HEALTH, INC.**

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

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Corporate Filing Menu

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Second Request

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SUNSET COMMUNITY MENTAL HEALTH, INC.,

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7000 SW 97 AVE SUITE 202 MIAMI FL 33173.

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

LUIS ABEL CASTRO PRESIDENT 100%

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARY CARMEN REINERS 3421 SW 107 AVE MIAMI FL 33165

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


LUIS ABEL CASTRO 4840 SW 90 CT MIAMI FL 33165

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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

9/25/2024

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.



Incorporator

9/25/2024

Date

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