



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Corporation  
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Mindful Mental Wellness, P.A.

SECTION II

It is incorporated under the laws of State: FL Country: US

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Mindful Mental Wellness, corporation

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

SECTION IV

The date of its incorporation is 5/9/2023

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 548 MARKET ST, PMB 99481

City or Town: SAN FRANCISCO

State: CA

Zip: 94104

Country: US

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PRACTICE OF MEDICINE

**SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER MAXWELL	2316 TWIN OAKS DRIVE , MO HARRISONVILLE, MO 64701 US
DIRECTOR	CHRISTOPHER MAXWELL	2316 TWIN OAKS DRIVE , MO HARRISONVILLE, MO 64701 US

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER MAXWELL	2316 TWIN OAKS DRIVE , MO HARRISONVILLE, MO 64701 US
DIRECTOR	CHRISTOPHER MAXWELL	2316 TWIN OAKS DRIVE , MO HARRISONVILLE, MO 64701 US

**SECTION IX**

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<b>Class of Stock</b>	<b>Series of Stock</b>	<b>Par Value Per Share</b>	<b>Total Authorized Shares</b> <i>Num of Shares</i>	
CNP			\$0.0000	10,000.00

**Signed this 16 Day of April, 2025 at 11:36:29 AM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By CHRISTOPHER MAXWELL  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

# *State of Florida*

## *Department of State*

I certify from the records of this office that MINDFUL MENTAL WELLNESS, P.A. is a corporation organized under the laws of the State of Florida, filed on May 9, 2023, effective May 9, 2023.

The document number of this corporation is P23000036858.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 31, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifteenth day of April, 2025*



  
Secretary of State

Tracking Number: 7773532191CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

April 16, 2025 11:36 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

