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(((H19000114034 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : 120170000039 Phone : (407)301-2659 Fax Number : (407)846-0320

Enter the email address for this business entity to be used for future annual report mailpings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

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

UPPER ROOM CHURCH TO THE NATIONS, INC

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 9 2019

COVER LETTER

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

SUBJECT: UPPER ROO	OM CHURCH TO THE NATION	KS. INC	
	(PROPOSED CORPO	RATE NAME <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for :
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate
		ADDITIONAL CO	DPY REQUIRED
FROM:	HILDA CARRASQUILLO		
	Name	(Printed or typed)	_
	3441 HARLEQUIN DR		
		Address	_
	SAINT CLOUD FL 34772		
	Ci	ty. State & Zip	_

4074335824

BMAS@MASINSURANCE.AGENCY

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

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

(RTICLE II	PRINCIPAL OFFICE			
813	Principal <u>street</u> address: Vermont Woods I.n	3-1	Mailing address, if diffe 41 Harlequin Dr	erent is:
Orl:	ando, F1, 32824	Sa	int Cloud FL 34772	
The purpose i				ZOIS APR 18 AH SECRETARY OF S TALLAHASSEE FLI
			-	
· · · · · · · · · · · · · · · · · · ·		e manner in which the dir	ectors are elected and appointed:	<u> </u>
R <i>TICLE</i> 1'		DIRECTORS Name and Title	ectors are elected and appointed:	Meeting
RTICLE)'	MANNER OF ELECTION Th INITIAL OFFICERS AND/OR D le: Hilda Carrasquillo (P) 3-441 Harlequin Dr Saint Cloud FL 34772 le: Marianela Gaetan (T) 813 Vermont Woods Ln	DIRECTORS Name and Title	Luis Ruiz (VP) 3441 Harlequin Dr Saint Cloud FL 34772	Meeting

Name and Title:	Name and Title:
Address	Address:
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 green is:
Name: Hilda C	ariasquillo
Address: 3441 //ar-1	equin Br
Saint Clou	Leguer Br
ARTICLE VII INCORPORATOR The name and address of the Incorporator	io.
The <u>name and address</u> of the incorporation	nrasan Ib
Vame. <u>F11d C</u>	arrasqui 1/0 quin Br d, FL 34772
Address: 3441 Harle	quen fx
Sount (100)	d, 12 34772
ARTICLE VIII EFFECTIVE DATE:	4/5/19
Effective date, if other than the date of fili (If an effective date is listed, the date m	ng:
Note: If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be listed as the
abeliated serietive date on the Departing	sicol state s recons.
Having been named as registered agent i	o accept service of process for the above stated corporation at the place designated in this
certificate. I am sumitiar with and accept to	the appointment as registered agent and agree to act in this capacity
Seffer Server	Urre of Registered Agent Date
to the Department of State constitutes a thi	r facts stated herein are true. I am aware that any false information submitted in a document frd degree felony as provided for in s.817.155, F.S.
All leight	4/5/19
Required S	ignature of Incorporator Date

Date of this notice: 04-03-2019

Employer Identification Number: 83-4276520

Form: SS-4

UPPER ROOM CHURCH TO THE NATIONS 3441 HARLEQUIN DR SAINT CLOUD, FL 34772

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4276520. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(1), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 390-EZ, or 390-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consenutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653

Phone

: (904)359-7700

Fax Number

: (904)359-7708

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: <u>ytyson77@yahoo.com</u>

FLORIDA LIMITED LIABILITY CO.

Yvonne Tyson, ARNP, FNP-BC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION

OF

YVONNE TYSON, ARNP, FNP-BC, LLC

The undersigned organizer, who is the authorized representative of Yvonne Tyson, ARNP, FNP-BC, LLC (the "Company") under the Florida Revised Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the Company is Yvonne Tyson, ARNP, FNP-BC, LLC.

ARTICLE II - PRINCIPAL OFFICE

The street address and the mailing address of the principal office of the Company is 1137 Sandlake Road, St. Augustine, Florida 32092.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Smith Hulsey & Busey, Professional Association and 1 Independent Drive, Suite 3300, Jacksonville, Florida 32202.

ARTICLE IV - MANAGEMENT

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 18th day of April, 2019.

Arman Moeini

Authorized Representative

04/18/2019 12:03 PM

To: 8506176381@rcfax.com

(((H19000127845 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, YVONNE TYSON, ARNP, FNP-BC, LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is Yvonne Tyson, ARNP, FNP-BC, LLC.
- 2. The name and the Florida street address of the registered agent and office are Smith Hulsey & Busey, Professional Association and 1 Independent Drive, Suite 3300, Jacksonville, Florida 32202.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, Smith Hulsey & Busey, Professional Association hereby accepts the appointment as registered agent and agrees to act in this capacity. Smith Hulsey & Busey, Professional Association further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

Smith Hulsey & Busey, Professional Association

Name: Stephen D. Moore, Jr.

Vice President Its:

Date: April 18, 2019