

P18000096812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

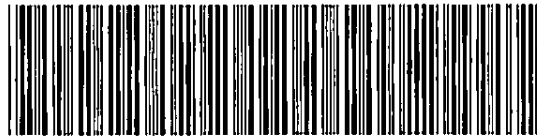
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W18-102735

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 503789 4733253

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 87.50

ORDER DATE : November 27, 2018

ORDER TIME : 3:03 PM

ORDER NO. : 503789-010

CUSTOMER NO: 4733253

DOMESTIC FILING

NAME: MDCH, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: MDCH, 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 Filing Fee  
 \$78.75 Filing Fee  
& Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Yulian Shtern, Esq.

Name (Printed or typed)

One Gateway Center

Address

Newark, NJ 07102

City, State & Zip

973-848-7719

Daytime Telephone number

bsafirstein@mdclinical.org

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
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**NOTE: Please provide the original and one copy of the articles.**

**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: MDCH, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address 3244 NE 167 Street Mailing address, if different is:  
North Miami Beach, FL 33160

**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: Beth E. Safirstein, Director Name and Title: Kerri L. Wilks, Director  
Address: 3244 NE 167 Street Address: 2624 N.E. 22 Ave.  
North Miami Beach, FL 33160 Lighthouse Point, FL 33064

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE 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: Beth Safirstein  
 Address: 3244 NE 167 Street  
North Miami Beach, FL 33160

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Beth Safirstein  
 Address: 3244 NE 167 Street  
North Miami Beach, FL 33160

**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:*

Beth Safirstein  
 \_\_\_\_\_  
 Required Signature/Registered Agent 11/27/18  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 11/27/18  
Date