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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 MAR 15 PM 11:54

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FLORIDA PROFIT/NON PROFIT CORPORATION  
STERLING 21 PARTNERSHIP INC.

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

S. CHATHAM

MAR 16 2022

**FILED**

**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: STERLING 21 PARTNERSHIP INC.

22 MAR 15 PM 11:5

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
4045 SHERIDAN AVE SUITE 211  
MIAMI BEACH, FL 33140

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FL 323

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 AT NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ESTHER ABECASSIS - PRESIDENT/DIRECTOR

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

Address: 4045 SHERIDAN AVE SUITE 211  
MIAMI BEACH, FL 33140

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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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: JACOB ABECASSIS  
 Address: 4045 SHERIDAN AVE SUITE 211  
MIAMI BEACH, FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ESTHER ABECASSIS  
 Address: 4045 SHERIDAN AVE SUITE 211  
MIAMI BEACH, FL 33140

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**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*

\_\_\_\_\_  
 Required Signature/Registered Agent JACOB ABECASSIS  
 \_\_\_\_\_  
 Date MARCH 14, 2022

*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.*

*Esther Abecassis*  
 \_\_\_\_\_  
 Required Signature/Incorporator ESTHER ABECASSIS  
 \_\_\_\_\_  
 Date MARCH 14, 2022