

D20000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

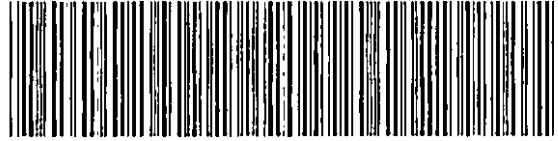
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000351179850

08/31/20--01009 --020 **358.75

2020 AUG 31 PM 2:38
RECEIVED

2020 SEP -1 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

FILED

2020 SEP -1 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: HATZOLAH OF ORLANDO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1070 McDONALD AVENUE

BROOKLYN, NY 11230-2600

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

VOLUNTEER FIRST RESPONDER AND AMBULANCE SERVICE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Written Consent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isaac Stern, Director and President

Address: 1407 48th STREET
BROOKLYN, NY 11219

Name and Title: Jeffrey Moerdler, Director

Address: c/o MINTZ, LEVIN
666 THIRD AVENUE
NEW YORK, NY 10017

Name and Title: Zelig Gitelis, Director, VP, Treasurer

Address: 1319 E. 26th STREET
BROOKLYN, NY 11210

Name and Title: _____

Address: _____

Name and Title: David W. Shipper, Director

Address: 201 EAST 69th STREET
NEW YORK, NY 10021

Name and Title: _____

Address: _____

COVER LETTER

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

SUBJECT: HATZOLAH OF ORLANDO, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: NYISHA SHAKUR

Name (Printed or typed)

MINTZ, LEVIN, 666 THIRD AVENUE

Address

NEW YORK, NY 10017

City, State & Zip

212-692-6728

Daytime Telephone number

nshakur@mintz.com

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

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

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 agent is:

Name: COGENCY GLOBAL INC.

Address: 115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NYISHA SHAKUR

Address: c/o MINTZ, LEVIN; 666 THIRD AVENUE
NEW YORK, NY 10017

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

/s/ ERIC HOOD, Assistant Secretary

8/26/20

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Nyisha Shakur
Required Signature of Incorporator

8/21/20

Date

2020 SEP - 1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2020

CAPITOL SERVICES

SUBJECT: COVE FLORIDA DIALYSIS 22 DST
Ref. Number: W20000098696

We have received your document for COVE FLORIDA DIALYSIS 22 DST and your check(s) totaling \$358.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A copy of the Trust must be attached to the Affidavit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 420A00016754

RECEIVED
2020 SEP - 1 PM 2:31
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

FILED

2020 SEP -1 AM 8:38

Cove Florida Dialysis 22 DST

SECRETARY OF STATE
TALLAHASSEE, FL

A Delaware statutory TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of Cove Florida Dialysis 22 DST, a

(Name of Trust)

Delaware statutory Trust hereby affirms in order to file or qualify

(State)

Cove Florida Dialysis 22 DST in the State of Florida.

(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 46-E. Peninsula Center Dr. #382
Rolling Hills Estates, CA, 90274
3. The registered agent and street address in the State of Florida is:
InCorp Services, Inc.
17888 67th Court North, Loxahatchee, FL 33470

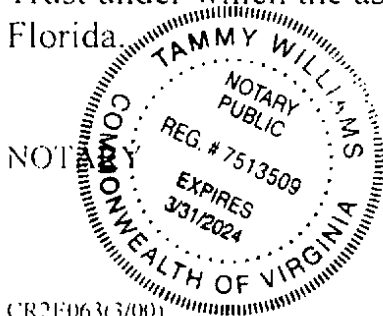
4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

Jackie De Filippis

Jackie De Filippis on behalf of InCorp Services, Inc

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.



CR2E063(3/00)

Name: Chris Sorensen

Manager of Sorensen Entity Services LLC, a trustee

County/City of Chesapeake

Commonwealth/State of Virginia

Filing Fee: \$350.00

Certified Copy: \$ 8.75 (optional)

The foregoing instrument was subscribed at
written before me this 27 day of August

2020, by Christopher Sorensen

(name of person seeking acknowledgement)

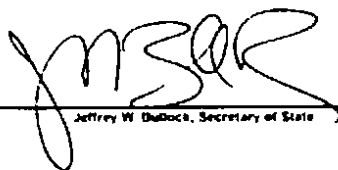
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF STATUTORY TRUST REGISTRATION OF
"COVE FLORIDA DIALYSIS 22 DST", FILED IN THIS OFFICE ON THE
SEVENTEENTH DAY OF AUGUST, A.D. 2020, AT 1:54 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

3465588 8100
SR# 20207044350

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203572807
Date: 09-01-20

STATE *of* DELAWARE CERTIFICATE *of* TRUST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

• **First:** The name of the trust is Cove Florida Dialysis 22 DST

• **Second:** The name and address of the Delaware trustee is

Sorensen Entity Services LLC, located at 1201 N. Orange Street, Suite 7044,
Wilmington, Delaware 19801-1189.

• **Third:** (Insert any other information the trustees determine to include therein.)

SORENSEN ENTITY SERVICES LLC

By: 

Trustee(s)

Chris Sorensen, Manager of Sorensen
Name: Entity Services LLC, the Delaware trustee

Typed or Printed