

10300008205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

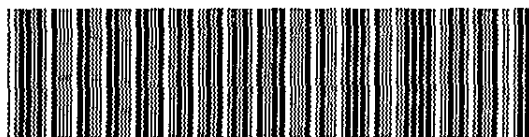
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/03--01019--020 **393.75

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STATE
TALLAHASSEE FLORIDA

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DB 9/23

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALBERT EINSTEIN COLLEGE OF MEDICINE, CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input checked="" type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

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

ALBERT EINSTEIN COLLEGE OF MEDICINE, CORP.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALBERT EINSTEIN COLLEGE OF MEDICINE, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

141 NE 3RD AVENUE, SUITE 406 MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EDUCATION, SOCIAL HELP AND SCIENTIFIC INVESTIGATION.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By minutes & by law.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

| | | |
|-------------------------|----------|------------------------|
| ROBERTO COHEN | : | DIRECTOR (100%) |
| NOREEN HEFFRON | : | DIRECTOR |
| RENATO GORNSTEIN | : | DIRECTOR |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

NOREEN HEFFRON
141 NE 3RD AVENUE, SUITE 406 MIAMI, FL 33132

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

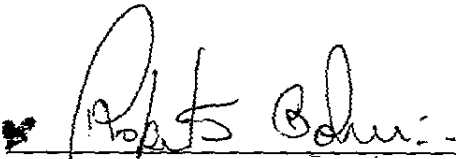
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

NOREEN HEFFRON

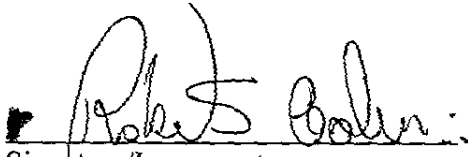
141 NE 3RD AVENUE, SUITE 406 MIAMI, FL 33132

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.



Signature/Registered Agent

9/22/03
Date



Signature/Incorporator

9/22/03
Date