

115000003634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

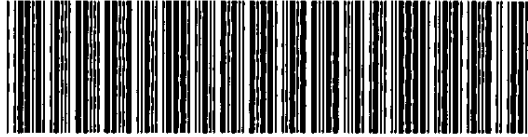
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2015
S. GILBERT

COVER LETTER

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

SUBJECT: HEALTHCARE ACCESSIBILITY ADVOCATES, 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: Leah Rose, Esquire
Name (Printed or typed)

501 N.E. 1st Ave. #200
Address

Miami, FL 33132
City, State & Zip

305-371-5585
Daytime Telephone number

leahrose@lowypa.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: HEALTHCARE ACCESSIBILITY ADVOCATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
501 N.E. First Ave.

Suite 200

Miami, FL 33132

Mailing address, if different

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a community association educating
South Florida residents on affordable and accessible health care opportunities
and to promote and encourage health care availability and choice. The
association is devoted to encouraging increased health care options and
is opposed to limiting or decreasing the availability of health care choices and
will appear before local governmental agencies, boards and commissions to
promote policies, laws and initiatives encouraging affordable health care availability.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Board of
Directors will elect board members at an annual meeting as scheduled in the By-Laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Behar, President

Address: 10 Aragon Avenue
Penthouse 1505
Coral Gables, FL 33134

Name and Title: _____

Address: _____

Name and Title: Craig Dorne, Esq.

Address: 3132 Ponce De Leon Blvd
Coral Gables, FL
33134

Name and Title: _____

Address: _____

Name and Title: Elaine Bloom

Address: 1800 N.E. 168th St.
Second Floor
North Miami, FL 33162

Name and Title: _____

Address: _____

Name and Title: Dr. David Galbut Name and Title: _____
Address: 5959 Collins Avenue Address: _____
Apartment No. 804 _____
Miami Beach, FL 33140 _____

Name and Title: Elissa Cook Name and Title: _____
Address: 2480 N.E. 200 St. Address: _____
Miami, FL 33180 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ronald S. Lowy, Esquire
Address: 501 N.E. First Avenue, #200
Miami, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald S. Lowy, Esquire
Address: 501 N.E. First Avenue, #200
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



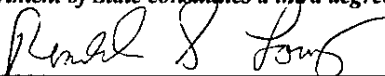
Required Signature of Registered Agent

RONALD S. LOWY

April 8, 2015

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.



Required Signature of Incorporator

RONALD S. LOWY

April 8, 2015

Date