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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 : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170000039
Phone : (407)301-2659
Fax Number : (407)846-0320

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmas@masinsurance-agency

FLORIDA PROFIT/NON PROFIT CORPORATION
UPPER ROOM CHURCH TO THE NATIONS, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

APR 19 2019

K Brumbley 4/5/2019

COVER LETTER

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

SUBJECT: UPPER ROOM CHURCH TO THE NATIONS, 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: HILDA CARRASQUILLO
Name (Printed or typed)

3441 HARLEQUIN DR
Address

SAINT CLOUD FL 34772
City, State & Zip

4074335824
Daytime Telephone number

BMAS@MASINSURANCEAGENCY
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: UPPER ROOM CHURCH TO THE NATIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
813 Vermont Woods Ln	3441 Harlequin Dr
Orlando, FL 32824	Saint Cloud FL 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFULL ACTS AS CHURCH

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TALLAHASSEE FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Hilda Carrasquillo (P)	Name and Title:	Luis Ruiz (VP)
Address	3441 Harlequin Dr Saint Cloud FL 34772	Address:	3441 Harlequin Dr Saint Cloud FL 34772
Name and Title:	Marianela Gaetan (T)	Name and Title:	Rafael Rodriguez (S)
Address	813 Vermont Woods Ln Orlando, FL 32824	Address:	813 Vermont Woods Ln Orlando, FL 32824
Name and Title:		Name and Title:	
Address		Address:	

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: Hilda Carrasquillo

Address: 3441 Harlequin Dr

Saint Cloud FL 34772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hilda Carrasquillo

Address: 3441 Harlequin Dr

Saint Cloud, FL 34772

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/5/19 (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

X _____ 4/5/19

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.

_____ 4/5/19

Required Signature of Incorporator Date

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-03-2019

Employer Identification Number:
83-4276520

Form: SS-4

Number of this notice: CP 575 E

UPPER ROOM CHURCH TO THE NATIONS
3441 HARLEQUIN DR
SAINT CLOUD, FL 34772

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4276520. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

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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 : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7708

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ytyson77@yahoo.com

FLORIDA LIMITED LIABILITY CO.
Yvonne Tyson, ARNP, FNP-BC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

N CULLIGAN

APR 19 2019

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ARTICLES OF ORGANIZATION
OF
YVONNE TYSON, ARNP, FNP-BC, LLC

The undersigned organizer, who is the authorized representative of Yvonne Tyson, ARNP, FNP-BC, LLC (the "Company") under the Florida Revised Limited Liability Company Act, hereby adopts the following Articles of Organization.

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Company is Yvonne Tyson, ARNP, FNP-BC, LLC.

ARTICLE II - PRINCIPAL OFFICE

The street address and the mailing address of the principal office of the Company is 1137 Sandlake Road, St. Augustine, Florida 32092.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Smith Hulsey & Busey, Professional Association and 1 Independent Drive, Suite 3300, Jacksonville, Florida 32202.

ARTICLE IV - MANAGEMENT

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 18th day of April, 2019.

Arman Moeini
Authorized Representative

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CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, YVONNE TYSON, ARNP, FNP-BC, LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Yvonne Tyson, ARNP, FNP-BC, LLC.

2. The name and the Florida street address of the registered agent and office are Smith Hulsey & Busey, Professional Association and 1 Independent Drive, Suite 3300, Jacksonville, Florida 32202.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, Smith Hulsey & Busey, Professional Association hereby accepts the appointment as registered agent and agrees to act in this capacity. Smith Hulsey & Busey, Professional Association further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

Smith Hulsey & Busey, Professional Association

By: _____
Name: Stephen D. Moore, Jr.
Its: Vice President

Date: April 18, 2019

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TALLAHASSEE, FLORIDA

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