

N22000003756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

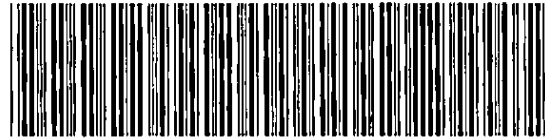
(Business Entity Name)

(Document Number)

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. FSCHCC Inc  
(CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

X Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

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

**ARTICLE I NAME**

The name of the corporation shall be: FSCHCC INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

14311 BISCAYNE BLVD # 2200

MIAMI , FL 33261

Mailing address, if different is:

14311 BISCAYNE BLVD # 2200

MIAMI , FL 33261

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

TO HELP PEOPLE WITH SICKLE CELL

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: MINUTES & BYLAWS

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

Name and Title: MERCEDES SAINZ DE LA TORRE - P

Address: 14311 BISCAYNE BLVD # 2200

MIAMI , FL 33261

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

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

Name and Title: LANCE MITRA ERROL LALL - VP

Address: 14311 BISCAYNE BLVD # 2200

MIAMI , FL 33261

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

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

Name and Title: HANNAH ABIGAIL GIRON - T

Address: 14311 BISCAYNE BLVD # 2200

MIAMI , FL 33261

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

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: HANNAH ABIGAIL GIRON  
 Address: 14311 BISCAYNE BLVD # 2200  
MIAMI, FL 33261

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HANNAH ABIGAIL GIRON  
 Address: 14311 BISCAYNE BLVD # 2200  
MIAMI, FL 33261

**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*

*Hannah Giron April 13, 2022*  
 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.*

*Hannah Giron April 13, 2022*  
 Required Signature of Incorporator

\_\_\_\_\_  
 Date