

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 HARMONY AT THE GABLES COMMUNITY SERVICES, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
 2022 OCT -5 PM 3:23  
 REGISTRATION  
 DIVISION

2022 OCT -5 AM 3:53  
 FALL 2022

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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: Harmony at the Tables Community Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2650 SW 27th St Suite 305
Miami FL 33133
Mailing address, if different is: Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all services in the community
The reason for non profit is education health, Domestic Violence, veterans, foster care children, people with no income, homeless people, substance abuse people, Immigration services, at all To receive Health care primary, Psychiatry, Psychology service

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANABEL CASTILLO Name and Title: President
Address: 2650 SW 27th ave Suite 305 Miami FL 33133

Name and Title: Address: Name and Title: Address: Name and Title: Address:

2022 OCT -5 AM 3:53

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: ANABEL CASTILLO  
Address: 2560 SW 27th ave 305  
miami FL 33133

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANABEL CASTILLO  
Address: 2560 SW 27th ave Suite 305  
miami FL 33133

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]  
Required Signature of Registered Agent

10-05-2023  
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.

[Signature]  
Required Signature of Incorporator

10-05-2023  
Date

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