

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Address: _____

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STATE
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SANTISA INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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NP

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SANTISA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

7901 4th St N STE 3007901 4th St N STE 300St. Petersburg, FL 33702St. Petersburg, FL 33702**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The company will provide services to support projects focused on
research, especially for Health Equity Initiatives, including support in the research programs, education, data analysis,
and outputs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
stated within bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Mantilla, William- DirectorName and Title: Mantilla, Miguel- DirectorAddress: 7901 4th St N STE 300Address: 7901 4th St N STE 300St. Petersburg, FL 33702St. Petersburg, FL 33702Name and Title: Guarin, Alexandra- Director

Name and Title: _____

Address: 7901 4th St N STE 300

Address: _____

St. Petersburg, FL 33702

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

Name: Registered Agents Inc

Address: 7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Robin Jones

Address: 7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

ARTICLE VIII EFFECTIVE DATE:

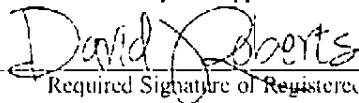
Effective date, if other than the date of filing: _____

. (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



Required Signature of Registered Agent

12/9/2024

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

12/9/2024

Date

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