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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA ADULT DAY SERVICES ASSOCIATION, INC**

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

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **FLORIDA ADULT DAY SERVICES ASSOCIATION, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address:

13970 SW 47TH ST, MIAMI, FL 33175

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **UNITE CENTERS IN PROVIDING LEADERSHIP, ADVOCACY, EDUCATION AND THE ADVANCEMENT OF ADULT DAY HEALTH SERVICES IN FLORIDA.**

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: YONIEL GONZALEZ, PRESIDENT Name and Title:

Address: 3678 S CONGRESS AVE
PALM SPRINGS, FL 33461

Address:

Name and Title: KATIRIA DELISLE SAAP, VICE-PRESIDENT Name and Title:

Address: 18900 SW106 AVE STE 101-103
MIAMI, FL 33157

Address:

Name and Title: YAQUELIN CASTRO, TREASURER Name and Title:

Address: 13970 SW 47TH ST
MIAMI, FL 33175

Address:

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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: YAQUELIN CASTRO _____

Address: 13970 SW 47TH ST _____

MIAMI, FL 33175 _____

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: YONIEL GONZALEZ _____

Address: 3678 S CONGRESS AVE _____

PALM SPRINGS, FL 33461 _____

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 _____

1/21/2025

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 _____

1/20/2025

Date

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