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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

49th Street Care Inc

Certificate of Status	0
Certified Copy	0
Page Count	63 03
Estimated Charge	\$70.00

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FLORIDA DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

OCT 18 2017
C Kinsey
OCT 18 2017

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: 49th Street Care Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

400 Rella Blvd, Suite #200400 Rella Blvd, Suite #200Montebello, NY 10901Montebello, NY 10901**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful activity

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Michael Bleich, President

Name and Title: _____

Address 400 Rella Blvd, Suite #200

Address: _____

Montebello, NY 10901

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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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: Vcorp Services, LLC
Address: 5011 South State Road 7, Suite 106
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Bleich
Address: 400 Rella Blvd, Suite #200
Montebello, NY 10901

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 business days prior or 90 business 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/Registered Agent

10/16/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

10/16/2017

Date