

12/28/2017

02

0845 3588

P.000003

12/27/2017

P17 000 101580

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H17000339045 3)))



H170003390453ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

****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
Gateway Facility Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2017 DEC 28 AM 10:02

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2017 DEC 28 AM 10:02

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

DEC 29 2017

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

ARTICLE I NAME

The name of the corporation shall be: Gateway Facility Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

400 Rella Blvd, Suite #200

Montebello, 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 DIRECTORS

Name and Title: US Hwy 19 Care Inc, Officer

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:

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: Vcorp Services, LLC

Address: 5011 South State Road 7, Suite 106

Davie, FL 33314

ARTICLE VII INCORPORATORThe ~~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 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/Registered Agent

12/27/2017

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

12/27/2017

Date