

P18000002706

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.**

((H18000008598 3)))



H180000085983ABC8

**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

FILED  
18 JAN -9 PM 3:11  
CLERK OF SUPREME COURT  
FLORIDA

**\*\*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

The Sands at South Beach Facility Inc

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

N. SAMS

JAN 10 2018

RECEIVED

JAN 9 2018

**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: The Sands at South Beach Facility Inc

**ARTICLE II PRINCIPAL OFFICE**Principal 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 DIRECTORS**

Name and Title: 42 Collins Avenue 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: \_\_\_\_\_

FILED  
18 JAN -9 PM 3:11  
CLERK OF SUPERIOR COURT  
ALABAMA

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

Dania, 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

01/02/2018

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

01/02/2018

Date

FILED  
18 JAN -9 PM 3:11  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA