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## FLORIDA PROFIT/NON PROFIT CORPORATION SANTINO ESTATES INC.

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## **COVER LETTER**

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NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME The name of the corpora	SANTINO ESTATES IN	IC.	
ARTICLE II PRINCIPAL OFFICE Principal street address			dress, if different is:
4751 West Atlantic Ave, S	uite B 18	4751 West Atlantic Av	ve, Suite B 18
Delray Beach, FL	Delray Beach, FL 33445		FL 33445
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: Hospital	ity / construction	
		·	
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA	ES stock is: 200 AL OFFICERS AND/OR DIRECTORS		FILED 2022 FEB-7 PM 2: 2:
Name and Title	e: Angela Pistone - Director	Name and Title:	B-7 T
Address	4751 West Atlantic Ave	Address:	OF T
	Delary Beach, FL 33445		PH 2: 2
Name and Title		Name and Title:	
Address		Address:	
		•	
Name and Title:		Name and Title:	
Address		Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
		· · ·	
ARTICLE VI	<u>REGISTERED AGENT</u>		
The name and F	borida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Angela Pistone	-	
Address:	4751 West Atlantic Ave, Suite B 18	· <del>-</del>	
	Delray Beach, FL 33445	_	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Angela Pistone	<b>-</b>	
Address:	4751 West Atlantic Ave, Suite B 18	_	20
	Delray Beach, FL 33445	_	R R
			FILE 2FEB-7
Effective date, if	EFFECTIVE DATE:  f other than the date of filing:	(OPTIONAL)	····<
(If an effective	date is listed, the date must be specific and canno	ot be more than five days prior or	r 90 days afte the
filing.)			2:
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Having been nat	ned as registered agent to accept service of process j	for the above stated corporation at th	he place designated in this
certificate, I am	familiar with and accept the appointment as registe	red agent and agree to act in this ca	pacity
1 Avoil 1	Putone-	02	2/02/2022
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false in ay as provided for in s.817.155, F.S.	formation submitted in a
4,00,00	Ortono		2/02/2022
Required/Signat	ure/Incorporator	Date Date	