

To:

Page: 2 of 4

2023-10-20 17:28:35 GMT

1305-284-74

From: Yanet Avila

10/20/23, 3:26 PM

Division of Corporations

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.

((H23000367671 3)))



H230003676713ABC2

RECEIVED

2023 OCT 20 PM 3:51

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

**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
MOUNT SINAI COMMUNITY INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

STATE
TALLAHASSEE, FL

2023 OCT 20 AM 9:02

FILED

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

ARTICLE I NAMEThe name of the corporation shall be: MOUNT SINAI COMMUNITY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5730 4 AVE APT 5R KEY WEST FL 33040**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEXIEL SOCARRAS MEDERO (P)

Name and Title:

Address 5730 4 AVE APT 5R KEY WEST FL 33040

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2023 OCT 20 AM 9:02
 TALLAHASSEE, FL
 STATE

FILED

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: ALEXIEL SOCARRAS MEDEROAddress: 5730 4 AVE APT 5R KEY WEST FL 33040ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ALEXIEL SOCARRAS MEDEROAddress: 5730 4 AVE APT 5R KEY WEST FL 33040ARTICLE 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*PSA
Electronic filing of document on 10/20/2023 at 19:28:55

Required Signature/Registered Agent

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.*PSA
Electronic filing of document on 10/20/2023 at 19:28:55

Required Signature/Incorporator

Date

FILED
2023 OCT 20 AM 9:02
DEPARTMENT OF STATE
TALLAHASSEE, FL