P25000014110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 03/11/25
Order #: 1863721-1
Re: Lumina Care Medical Staff, P.A.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Certificate of Formation/Incorporation
Amount to be deducted from our State Account: $70.00 - FL State Account Number: I20000000195

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TALLAHASSEE, FL

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lumina Care Medical Staff, P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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TALLAHASSEE, FLORIDA

FROM: Kimberly Redmond
Name (Printed or typed)

350 Bedford Street, Suite 406A
Address

Stamford, CT 06901
City, State & Zip

203.399.0514
Daytime Telephone number

kredmond@garfunkelwild.com
E-mail address: (to be used for future annual report notification)

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 corporation shall be: Lumina Care Medical Staff, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1201 NE 175 St.
Miami FL 33162

Mailing address, if different is:

c/o Lumina Care
885 Third Avenue, FL28
New York, NY 10022

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized to engage in the business of rendering of professional medical services and any closely allied services or activities for which a corporation may engage under the Florida Business Corporation Act.

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ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey F. Jones, M.D., Director
Address: 1201 NE 175 St.
Miami FL 33162

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jeffrey F. Jones, M.D.

Address: 1201 NE 175 St.

Miami FL 33162

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TALLAHASSEE, FL

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

_____ 03/10/2025

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.

Dr. Jeffrey Jones, M.D. _____ 03/10/2025

Required Signature/Incorporator Date

CSC FIN-267866