

P22000019665

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.

((H22000097036 3))



H220000970363ABC\$

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
ANAG@WHITEGOLDFINANCIAL.COM
Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 MAR 15 PM 11:54

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
STERLING 21 PARTNERSHIP INC.

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

S. CHATHAM

MAR 16 2022

FILED

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: STERLING 21 PARTNERSHIP INC.

22 MAR 15 PM 11:5

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4045 SHERIDAN AVE SUITE 211
MIAMI BEACH, FL 33140

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL 323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ESTHER ABECASSIS - PRESIDENT/DIRECTOR

Name and Title: _____

Address: 4045 SHERIDAN AVE SUITE 211
MIAMI BEACH, FL 33140

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

H22000097036

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: JACOB ABECASSIS
 Address: 4045 SHERIDAN AVE SUITE 211
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

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

Name: ESTHER ABECASSIS
 Address: 4045 SHERIDAN AVE SUITE 211
MIAMI BEACH, FL 33140

FILED
 22 MAR 15 PM 11:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 JACOB ABECASSIS

 Date MARCH 14, 2022

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.

Esther Abecassis

 Required Signature/Incorporator ESTHER ABECASSIS

 Date MARCH 14, 2022