

MBF
City Hall
1700 Convention Center Dr.
Miami Beach, FL 33139
305-673-7420
Welcome

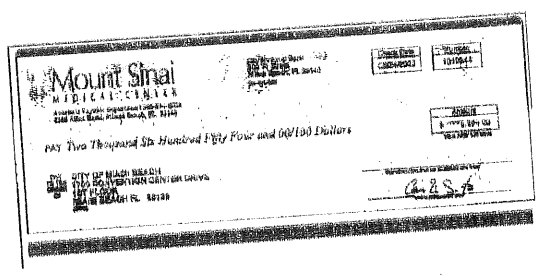
005522-0015 Adrian V 06/03/2022 10:00AM

ENERGOV
hevia, wesley (Akerman LLP)
2022 Item: 00348053
PL - New Application
Fees 2,654.00

Subtotal 2,654.00
Total 2,654.00
CHECK 2,654.00
Check Number 01010244

Change due 0.00

Paid by: MOUNT SINAI MEDICAL CENTER



Thank you for your payment

CUSTOMER COPY

654.00

CITY OF MIAMI BEACH, 1700 CONVENTION CENTER DRIVE, 1ST FLOOR, MIAMI BEACH FL 33139

(3708)

Invoice Number	Date	PO Number	Gross Amount	Discount Amount	Net Amount Paid
DRB22-0845	05/23/22	APPL DRB22-56698	\$2,654.00	\$0.00	\$2,654.00
TOTALS:			\$2,654.00	\$0.00	\$2,654.00

Detach at Perforation Before Depositing Check

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER, A VOID PANTOGRAPH AND MICROPRINTING.

Mount Sinai
MEDICAL CENTER

Accounts Payable Department 305-674-2008
4300 Alton Road, Miami Beach, FL 33140

City National Bank
300 71 Street
Miami Beach, FL 33140
63-436/660

Check Date
05/24/2022

Number
1010244

PAY *Two Thousand Six Hundred Fifty Four and 00/100 Dollars*

Amount
\$ *****2,654.00

Void After 180 Days

PAY TO THE ORDER OF
CITY OF MIAMI BEACH
1700 CONVENTION CENTER DRIVE
1ST FLOOR
MIAMI BEACH FL 33139
(3708)

Signature Required on 50,000.00 and Over



INVOICE (00348053)

BILLING CONTACT

wesley hevia
Akerman LLP
98 Se 7Th Street, Suite 1100
Miami, FL 33131

MIAMIBEACH

1700 Convention Center Drive
Miami Beach, Florida 33139
305.673.7000

INVOICE NUMBER	INVOICE DATE	INVOICE DUE DATE	INVOICE STATUS	INVOICE DESCRIPTION
00348053	06/02/2022	06/02/2022	Due	NONE

REFERENCE NUMBER	FEE NAME	TOTAL
DRB22-0845	New Application	\$2,654.00
4300 Alton Rd Miami Beach, FL 33140-2800		SUB TOTAL \$2,654.00

TOTAL **\$2,654.00**

Any refund associated with this invoice will only be issued to the billing contact listed herein.