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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/16/20

NAME: CFHBC HOLDINGS, INC

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE abbie Hodge

## **COVER LETTER**

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

SUBJECT: CFHBC Holdings, Inc.		
(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>ŪĎE SUFFIX</u> )
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 □ \$78.75	☑ \$78.75	□ \$87.50
• • • • • •		·
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
	, pp. mov	Status
	ADDITIONAL CO	DPY REQUIRED
FROM: Jeffrey J. Lehman, M.D.		
Nan	ne (Printed or typed)	
716 Golfpark Drive		
	Address	
Celebration, Florida 34747		
City	. State & Zip	
407-810-3545		
Daytime	Telephone number	
jjlehmanmd@gmail.com		
E-mail address: (to be us	ed for future annual report i	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)

The name of the corporati	on shall be: CFHBC Holdings, Inc.			
	IPAL OFFICE Principal street address	У	Mailing address, if different is:	
Suite 100				
Winter Park, Florida 32	792			
ARTICLE III PURPO				
The purpose for which the	ne corporation is organized is: _any lawful	act or activity for wh	nich corporations may be formed under	
the Florida Business Co	rporation Act and to engage in any activitie	es necessary or incid	dental thereto.	
			<u> </u>	
			21	
			2020 [	
			33	
			<u> </u>	
ARTICLE IV SHARE	e e		PH :11	
The number of shares of s			· ·	
			24	
<u>ARTICLE V _ INITIA</u>	L OFFICERS AND/OR DIRECTORS			
Name and Title	Jeffrey J. Lehman, M.D Director	Name and Title:	Jeffrey E. Baylor, M.D Director	
Address	716 Golfpark Drive	Address:	1737 Elizabeths Walk	
	Celebration, Florida 34747	_	Winter Park, Florida 32789	
Name and Title:	Aftab H. Patni, M.D Director	Name and Title:	Kiran Tipirneni, M.D Director	
Address	2055 Shadow Lane	Address:	1863 Lake Markham Preserve Trail	
	Orlando, Florida 32814		Sanford, Florida 32771	
	<del></del>	<del></del>		
Name and Title:	Brian C. Spector, M.D Director	Name and Title:	Hao N. Tran, M.D Director	
Address	2545 Carter Grove Circle	Address:	472 Fletcher Place	
	Windermere, Florida 34786		Winter Park, Florida, 32790	
	- milderingle, Honda 34700		Winter Park, Florida 32789	

<ul> <li>Name and</li> </ul>	Title: Barry S. Kang, M.D Director	Name and Ti	tle: Armon Jadidian, M.D Director
Address	2844 Lincroft Avenue	Address:	1411 Place Picardy
	Orlando, Florida 32814		Winter Park, Florida 32789
		<del></del> -	
ARTICLE VI R. The name and Flor	EGISTERED AGENT rida street address (P.O. Box NOT acceptab	le) of the registered a	agent is:
Name;	Jeffrey J. Lehman, Director		
Address:	716 Golfpark Drive	<del></del>	
	Celebration, Florida 34747		
ARTICLE VII II	NCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	J. Sims Rhyne, III		
Address:	420 North 20th Street, Suite 3400	<del></del>	
	Birmingham, Alabama 35203	<del></del>	
Effective date, if of	EFFECTIVE DATE: her than the date of filing:	(	OPTIONAL)
(If an effective dar filing.)	te is listed, the date must be specific and c	annot be more that	a five days prior or 90 days after the
Note: If the date in	nserted in this block does not meet the applicative date on the Department of State's reco	cable statutory filing ords.	requirements, this date will not be lis
the document's effe		64	ted corneration at the place designates
Having been name	d as registered agent to accept service of proc niliar with and accept the appointment as ref	ess for the above sta zistered agent and ag	ree to act in this capacity
Having been name	niliar with and accept the appointment as reg	gistered agent and ag	gree to act in this capacity
Having been name certificate, I am fan	d as registered agent to accept service of proc niliar with and accept the appointment as reg Required Signature/Registered Agent ment and affirm that the facts stated herein	gistered agent and ag	gree to act in this capacity  12/15/2  Date