



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.

((H18000310230 3)))



H180003102303ABCS

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 : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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

ENLYT HEALTH, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Enlyt Health, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address9500 Koger Blvd, Suite 217Saint Petersburg, FL 33702United States

Mailing address, if different is:

1847 Bayou Grande Blvd NE
Saint Petersburg, FL 33703**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Healthcare related software and services**ARTICLE IV SHARES**The number of shares of stock is: 1000000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Scott Fielder, President

Name and Title: _____

Address 9500 Koger Blvd, Suite 217

Address: _____

Saint Petersburg, FL 33702United States

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Incorporating Services, Ltd.
 Address: 1540 Glenway Drive
Tallahassee, FL 32301

1-11
 18 OCT 26 PM 12:30
 TALLAHASSEE
 FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott Fielder
 Address: 9500 Koger Blvd, suite 217
Saint Petersburg, FL 33703

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

Anne Parker, Assistant Secretary
 Required Signature/Registered Agent

10/26/2018
 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.

Scott Fielder
 Required Signature/Incorporator

10/16/2018

Date