

P200000 770 11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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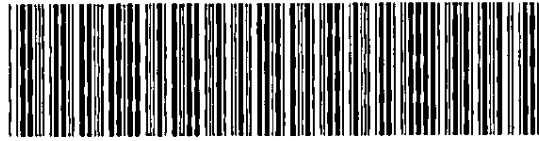
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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WALK IN

PICK UP: 10/02/2020

- CERTIFIED COPY** _____
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- FILING** Articles _____

1. THE CUSP MEDICAL GROUP, P.A.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

**ARTICLES OF INCORPORATION
OF
THE CUSP MEDICAL GROUP, P.A.**

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

**ARTICLE I
NAME**

The name of the corporation is The Cusp Medical Group, P.A. (the "Corporation").

**ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS**

The Corporation's mailing address and principal place of business is:

18801 N. Dale Mabry Highway, PMB 14935
Lutz, Florida 33548

**ARTICLE III
NATURE OF BUSINESS**

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

**ARTICLE IV
CAPITAL STOCK**

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

**ARTICLE V
INITIAL REGISTERED AGENT AND OFFICE**

The street address of the Corporation's initial registered office is 155 Office Plaza Drive, Suite A, Tallahassee, Florida 32301, and the name of the Corporation's initial registered agent at that address is Registered Agent Solutions, Inc.

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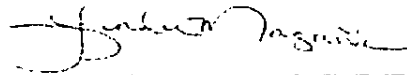
**ARTICLE VI
INCORPORATOR**

The name and address of the incorporator is:

| <u>Name</u> | <u>Address</u> |
|--------------|--|
| Linda Magaña | 1000 Wilshire Boulevard Suite 1500 Los Angeles, CA 90017 |

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this 2nd day of October, 2020.



Incorporator

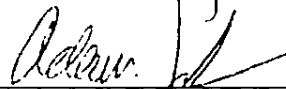
ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this 2nd day of October, 2020.

REGISTERED AGENT SOLUTIONS, INC.

By: _____



Print Name: _____

Adam Saldana

Title: _____

Asst. Secretary