

11/5/2020

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Division of Corporations

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Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
SOLLIS HEALTH FL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Sollis Health FL, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2201 Collins Avenue170 East 77th StreetMiami Beach, FL 33139New York, NY 10075**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and all lawful business**ARTICLE IV SHARES**

1,000 shares of common stock

The number of shares of stock is: Par Value \$0.01 per share**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Andrew Olanow, President/SecretaryName and Title: Andrew Olanow, DirectorAddress 2201 Collins AvenueAddress: 2201 Collins AvenueMiami Beach, FL 33139Miami Beach, FL 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLALLASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Andrew Olanow
Address: 56 N 9th Street, Apt 2J
Brooklyn, NY 11249

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

11/05/2020

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.

DocuSigned by:


Required Signature/Incorporator

November 5, 2020

Date

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