

P20000088329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

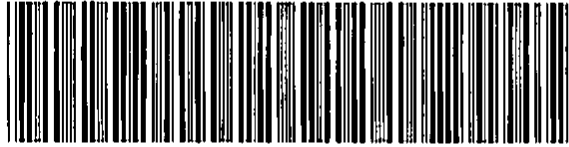
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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **November 13, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1288409**

Entity Name: **QUIT GENIUS MEDICAL P.A.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Certified copy of the filing evidence please. Thanks!**

**ISSUES? CALL  
David:  
850-270-0082**

Authorized Amount:

**\$78,75**

Signature:

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Quit Genius Medical P.A.

The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1732 1st Ave #20163

New York, NY 10128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of the corporation is to engage in the  
profession of medicine and medical services and any other lawful activities not prohibited to a  
corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES

1000

The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chet Tharpe President

Name and Title: \_\_\_\_\_

Address 6051 Grand Council Street

Address: \_\_\_\_\_

Daniel Island, SC 29492

Name and Title: Chet Tharpe Director

Name and Title: \_\_\_\_\_

Address 6051 Grand Council Street

Address: \_\_\_\_\_

Daniel Island, SC 29492

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: COGENCY GLOBAL INC.

Address: 115 N CALHOUN ST. STE. 4  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Chet Tharpe

Address: 6051 Grand Council Street  
Daniel Island, SC 29492

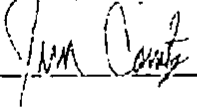
**ARTICLE VIII EFFECTIVE DATE:**

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*

 Jennifer Countz, Assistant Secretary of  
COGENCY GLOBAL INC.  
Required Signature/Registered Agent

11/11/2020  
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.*

 \_\_\_\_\_  
Required Signature/Incorporator

11/11/2020  
Date