

3/30/2021

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

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****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
Rezilient OLH, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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T. BURCH
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Rezilent OLH, PA

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

317 6th Avenue, Suite 400, Des Moines, Iowa 50309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in the general practice of medicine and to do all lawful things which may be incidental to or necessary or convenient in connection with the practice of medicine

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Ali Abtahi, Sole Director

Name and Title: Dr. Ali Abtahi, Pres., Treas., & Sec

Address: 317 6th Avenue, Suite 400
Des Moines, Iowa 50309Address: 317 6th Avenue, Suite 400
Des Moines, Iowa 50309

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FLORIDA

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: C T Corporation System
 Address: 1200 South Pine Island Road
 Plantation, FL 33324.

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ARTICLE VII INCORPORATOR

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

Name: Dr. Ali Abtahi
 Address: 317 6th Avenue, Suite 400
 Des Moines, Iowa 50309

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

By: Stephanie Hencz C T Corporation System Stephanie Hencz, assistant secretary 3/30/2021
 Required Signature/Registered Agent 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.

Ali Abtahi 3/30/2021
 Required Signature/Incorporator Date