

P21000055594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

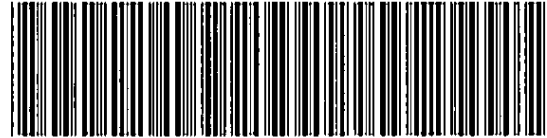
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 JUN 11 PM 12:45

2021 JUN 11 AM 11:57

ALLAHASSEE, FLORIDA

CLERK OF CIRCUIT COURT

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

Danny 6/11

☐ **CERTIFIED COPY**

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INC

1. AEOS Health, Inc  
(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:**

REC JUN 11 AM 11:52  
FBI - TALLAHASSEE

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Aeos Health, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Andrew Olanow  
Name (Printed or typed)

422 Woodcrest Rd  
Address

Key Biscayne, FL 33149  
City, State & Zip

Daytime Telephone number

andrew.olanow@sollishealth.com  
E-mail address: (to be used for future annual report notification)

2021 JUN 11 AM 11:57

**NOTE: Please provide the original and one copy of the articles.**

**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: Aeos Health, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

422 Woodcrest Rd

Key Biscayne, FL 33149

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrew Olanow, Sole Director

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

Address 422 Woodcrest Rd  
Key Biscayne, FL 33149

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2021 JUN 1 AM 11:57  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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: Andrew Olanow

Address: 422 Woodcrest Rd  
Key Biscayne, FL 33149

**ARTICLE VII INCORPORATOR**

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

Name: Andrew Olanow

Address: 422 Woodcrest Rd  
Key Biscayne, FL 33149

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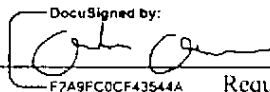
**ARTICLE VIII EFFECTIVE DATE:**

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*

DocuSigned by:  


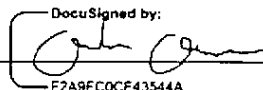
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Required Signature/Registered Agent

6/10/2021

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:  


F2A9FC0CF43544A

Required Signature/Incorporator

6/10/2021

Date