8/19/2021



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.						
To:					57. T	:
	Division of Corporations			<u> </u>		
	Fax Number	: (850)617-6381			<u></u>	•
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	Phone	: (614)280-3338			·	
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Electronic Filing Menu

Corporate Filing Menu

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Ta: +18506176381

ARTICLES OF INCORPORATION



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

ARTICLE I NAME The name of the corpora		nc.	
ARTICLE II PRINCIPAL OFFICE Principal street address 333 Washington Blvd., #130		Mailing add	ress, if different is:
Marina del Rey		***************************************	
California, 90292			
ARTICLE III PURPO The purpose for which t	2SE he corporation is organized is:	gage in the profession of medicine a	nd any other lawful activitie
(other than the banking	or trust company business) not prohib	oited to a corporation engaging in su	ch profession by applicable
laws and regulations.			
			≥0 2 <u>1</u>
			SS: 19 -
			
ARTICLE IV SHAR. The number of shares of			PHIZ: \$3 E FLORIDA
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTOR.	<u>y</u>	
Name and Title	Dr. Abraham Malkin, CEO	Name and Title:	
Address	11948 Gorham Ave #3	Address:	
	Los Angeles		
	California, 90049		
Name and Title		Name and Title:	
Address			
Address			
			, ,
N 1995			
Address		Address:	
			
			

2021-08-19 10:01:05 CST

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From: James Tanks III

DocuSign Envelope ID: 967969AA-571C-43BD-A2E6-856D81F6D75B

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
			.
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	a) aftha maiotar d'accestic	
Name:	C T Corporation System	e) of the registered agent is.	
Address:	1200 South Pine Island Road		
	Plantation, FL 33324.	_	2 2
			TAIL AND
<u>ARTICLE VII</u>	INCORPORATOR		55
The <u>name</u> and a	ddress of the Incorporator is:		
Name:	Taylor Parks		
Address:	333 S Hope St.		1 (2: 43
	Los Angeles, CA 90071		**
Effective date, if	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and ca	(OPTION, nnot be more than five day	AL) s prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the application in the Department of State's recor	ble statutory filing requiremeds.	ents, this date will not be listed as
Having been nat this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment as	cess for the above stated cor registered agent and agree t	poration at the place designated in to act in this capacity
	Corporation System Hellwig, Assistant Secretary Muddle H	telinig	8/18/21
	Required Signature/Registered Agent	 	Date
I submit this doc document to the	cument and affirm that the facts stated herein to Department of State sanstitutes a third degree for	are true. I am aware that th clony as provided for in s.817	e false information submitted in a 7.155, F.X.
			8/18/21
Requi	ired Signature/Incorporator	·	Date