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IVISICA CE CORPORATIONS TALLAHASSEE, FLORIDA

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# CORPORATE ACCESS, INC. 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: 9/8 DANNY CERTIFIED COPY XX PHOTOCOPY

CUS XXFILING INC FIELD TRIP HEALTH FL, P.A. 1. (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) **SPECIAL INSTRUCTIONS:** 

# ARTICLES OF INCORPORATION OF FIELD TRIP HEALTH FL, P.A.

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

#### ARTICLE I Name

The name of the corporation is Field Trip Health FL, P.A. (the "Corporation").

#### ARTICLE II Principal Office and Mailing Address

The Corporation's mailing address and principal place of business is:

Wynwood 25 Annex, 219 NW 24th Street, 2nd floor, Miami, FL 33127

# ARTICLE III Nature of Business

The purpose of the Corporation is to engage in the practice of medicine through its tuly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

# ARTICLE IV Capital Stock

The Corporation shall have authority to issue Five Thousand (5,000) common shares with a par value of \$.01 per share.

# ARTICLE V Initial Registered Agent and Office

The street address of the Corporation's initial registered office is 1201 Hays Street, Tallahassee, Florida, 32301 and the name of the Corporation's initial registered agent at that address is Corporation Service Company.

#### ARTICLE VI Incorporator

The name and address of the incorporator is:

Name
Address

Michael Albert Muench, M.D.

1579 Monroe Dr NE, F503
Atlanta, GA, 30324

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

Dated this 8th day of September, 2021.

Michael Albert Muench, M.D. Incorporator

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Dated this \_7th\_day of September, 2021.

CORPORATION SERVICE COMPANY

By: \_\_\_\_\_ BIM

Print Name: \_\_\_\_ Lora Bess

Title: \_\_\_ Assistant Secretary