

P21000092325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

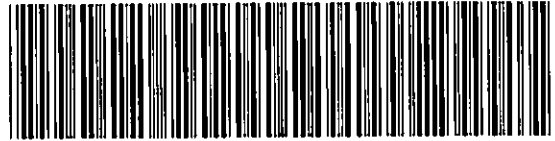
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COGENCYGLOBAL**

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

Date: October 25, 2021

Account#: 120000000088

Name: David Shulman

Reference #: 1437404

Entity Name: MARSHA MEDICAL GROUP, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide a certified copy of the filing evidence. Thank you!

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$78.75**

Signature: David Shulman

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: Marsha Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

1 Boston Place  
Boston, MA 02108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of the corporation is to engage in the practice of medicine and other lawful activities not prohibited to a corporation engaging in such profession by applicable laws and regulations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Sasso, President

Address: 1 Boston Place  
Boston, MA 02108

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

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

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

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

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

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

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

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

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

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

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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 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Adam Sasso  
Address: 1 Boston Place  
Boston, MA 02108

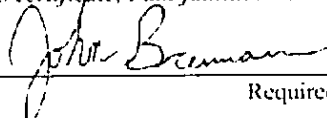
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/25/2021 (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*

  
John Brennan  
Assistant Secretary  
\_\_\_\_\_  
Required Signature/Registered Agent

10/21/2021

\_\_\_\_\_  
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.*

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

10/21/2021

\_\_\_\_\_  
Date