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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

****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
CORIZON HEALTH POLK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 JAN 19 PM 9:18

2022 JAN 19 AM 9:40

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CORIZON HEALTH POLK, INC.ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address1385 BROADWAY, STE. 1005NEW YORK, NY 10018

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: To provide personnel staffing services.ARTICLE IV SHARESThe number of shares of stock is 200 SHARES NO PAR VALUEARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JOEL GOLDBERGER, PRESIDENT and SECRETARYAddress 1385 BROADWAY, STE. 1005
NEW YORK, NY 10018

Name and Title:

Address

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Name and Title: _____

Address _____ Address: _____

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: Registered Agents Inc.

Address: 7901 4th Street N., Suite 300
St. Petersburg, FL 33702

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JAMES MATTEOTTI

(OPTIONAL)

Address: 180 PHILLIPS HILL RD.,

STE. 3A, NEW CITY, NY 10956

(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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*Bill Hume

Required Signature/Registered Agent

1/19/2022

Date

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

Required Signature/Incorporator

01/18/2022

Date

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