

From: M. BURR KEIM CO

Fax: (215) 977-9386

To:

Fax: (850) 617-6381

Page: 1 of 1

01/20/2022 3:15 PM

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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 OKALOOSA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2022 JAN 20 PM 3:20

2022 JAN 20 PM 2:29

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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 NAME

- The name of the corporation shall be: CORIZON HEALTH OKALOOSA, 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: ABRAHAM GOLDBERGER, PRESIDENT and SECRETARYAddress 1385 BROADWAY, STE. 1005
NEW YORK, NY 10018

Name and Title:

Address

Name and Title: _____

Address _____

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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 33702ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

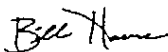
Name: JAMES MATTEOTTI

_____. (OPTIONAL)

Address: 180 PHILLIPS HILL RD.
STE. 3A, NEW CITY, NY 10956

1/20/2022 PM 2:29

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

Required Signature/Registered Agent

1/20/2022

Date

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

Required Signature/Incorporator

01/20/2022

Date

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