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Florida Department of State
Division of Corporations
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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.

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
CORIZON HEALTH LEON, INC.

Certificate of Status	0
Certified Copy	0
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D. O'KEEFE

JAN 2 1 2022

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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 LEON, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1385 BROADWAY, STE. 1005
NEW YORK, NY 10018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide personnel staffing services.

ARTICLE IV SHARES

The number of shares of stock is 200 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FAIGY GOLDBERGER, PRESIDENT and SECRETARY

Address 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 i

Name: Registered Agents Inc.

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

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ARTICLE VII INCORPORATOR

The **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 th 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 Hamm
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 d 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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