

P22000020518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

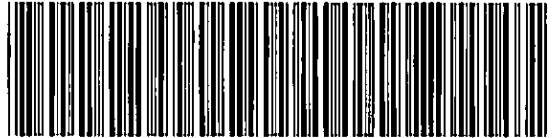
(Document Number)

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2022 MAR 18 AM 10:36

2022 MAR 18 PM 4:08

FILED

PM



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/18/2022

Name: Merritt Walker

Reference #: 1624929

Entity Name: CHANNEL MEDICAL GROUP, P.A.

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF THE FILING EVIDENCE.

Authorized Amount: \$78.75

Signature: *mw*

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Channel Medical Group, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

— \$70.00      — \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

— \$78.75      — \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Marc Goldsand  
Name (Printed or typed)  
3109 Grand Ave #225  
Address  
Miami, FL 33133  
City, State & Zip  
305-697-8006  
Daytime Telephone number  
mgoldsand@goldsandlaw.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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: Channel Medical Group, P.A.

ARTICLE II PRINCIPAL OFFICE

85 5th Ave., 8th Floor

New York, NY 10003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation is to engage  
in the profession of medicine and medical services and any 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: Saba Haq, President Name and Title: \_\_\_\_\_

Address: 85 5th Ave., 8th Floor Address: \_\_\_\_\_

New York, NY 10003 \_\_\_\_\_

Name and Title: Saba Haq, Director Name and Title: \_\_\_\_\_

Address: 85 5th Ave., 8th Floor Address: \_\_\_\_\_

New York, NY 10003 \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2022 MAR 18 AM 10:36  
TALLAHASSEE, FL  
④

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

**ARTICLE VII INCORPORATOR**

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

Name: Saba Haq

Address: 85 5th Ave., 8th Floor

New York, NY 10003


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

  
Required Signature/Registered Agent

03/18/2022

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

03/18/2022

Date